drugnet IRELAND

Issue 14
Summer 2005

Newsletter of the Drug Misuse Research Division

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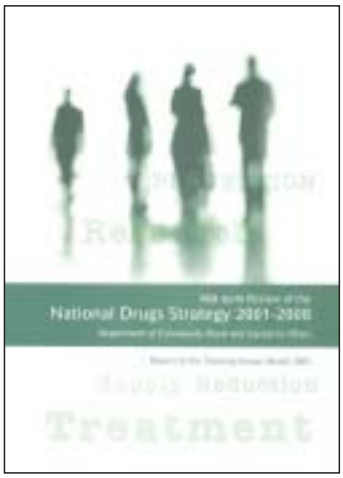
A re-focused and re-energised National Drugs Strategy

The Mid-Term Review[1] of the National Drugs Strategy 2001–2008, published on 2 June 2005, recommends a number of additions and amendments to the existing Strategy, including making rehabilitation a new, 'fifth' pillar of the Strategy. The Steering Group that oversaw the Review, and the extensive consultation process on which it is based, found that the aims and objectives of the Strategy are fundamentally sound. While what has been achieved varies from action to action, progress has been made across the four pillars of supply reduction, prevention, treatment and research, and in the co-ordination of the institutional structures of the Strategy.



The Review recommends the addition of eight new actions, the replacement of ten of the existing actions and amendments to a further seven. It also recommends revisions to the Strategy's key performance indicators, reflecting new developments and data availability. The recommendations serve to 're-focus and re-energise' the Strategy in the remaining period up to 2008.

Under the **supply reduction** pillar the Review recommendations include:

- a new action dealing with specialist training in drug-related issues for the judiciary;
- the replacement of an existing action to provide additional Garda resources to community policing in local drugs task force (LDTF) areas;
- the replacement of an existing action to allow for the extension of community policing fora to all LDTF areas and to other areas experiencing drug problems.

Under the **prevention** pillar the Review recommendations include:

- two new actions to cover the introduction of prevention education as part of the curriculum for student teachers and the further strengthening of the role of the Home School Community Liaison Scheme, particularly with respect to families with drug problems;
- the replacement of an existing action to allow for the introduction of substance use policies in all LDTF area schools, with a mechanism to monitor their development;
- the replacement of an existing action to make preventative information more easily accessible to parents and families;
- amendments to four other existing actions.

Under the **treatment** pillar the Review recommendations include:

- a new action making rehabilitation the fifth pillar of the Strategy and establishing a working group to develop an integrated rehabilitation provision;
- a new action to carry out an audit of the current availability of treatment options, including an assessment of treatment needs;
- the replacement of an existing action to allow for the full implementation of the guidelines agreed by the Working Group on treatment for those under 18 years;
- the replacement of an existing action to allow for the expansion of the provision of needle exchange and related harm reduction services;

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National Drugs Strategy *(continued)*

- the replacement of an existing action to allow for an increase in the number of general practitioners and pharmacists participating in the methadone protocol;
- amendments to two existing actions, one which sets the maximum waiting period for treatment to one month following assessment, and the other which increases the availability and range of treatment options, particularly in relation to ploy-drug use.

Under the **research** pillar the Review recommendations include:

- two new actions establishing a process to monitor the implementation of the recommendations arising from the reports of the National Advisory Committee on Drugs (NACD) and the development of the Central Treatment List by providing further information regarding entry and re-entry of opiate users to methadone treatment and the length of time in treatment.

The Review acknowledges the important preventative and support roles played by families. It also recognises the difficulties faced by family support services arising from uncertainty around their role in dealing with families, lack of skills and inadequate support. These problems were highlighted in a recent NACD report. The review recommends that the provision of family support services should be prioritised and endorses the recommendations of the NACD report, namely:

- enable services to respond to the needs of families through increased support and training;
- strengthen interagency links and networks by building knowledge of local issues;
- develop relevant monitoring and evaluation tools to measure effectiveness of services.

An important factor affecting the level of progress on actions is the extent of multi-agency involvement required. There was strong support for the partnership approach to the Strategy throughout the consultation process, but there are certain gaps and ill-defined roles which impact on the collaboration between the multiple statutory agencies, service providers and community and voluntary groups involved in delivering the Strategy.

The Review recommends a number of changes to the composition of the National Drugs Strategy Team (NDST) and the Inter-Departmental Group (IDG), which, along with the Cabinet Committee on Social Inclusion, comprise the institutional structure overseeing the implementation of the Strategy. These recommendations include greater participation from the community and voluntary sector to represent the interests of the local and regional drugs task forces. The Review also recommends that the decision-making authority of the IDG be strengthened and that it should include representation from a number of statutory agencies. This would assist the IDG in fulfilling the role envisaged for it in the Strategy as an advisory body to the Cabinet Committee on Social Inclusion.

While acknowledging that alcohol and drug misuse are two separate policy areas, the Review recognises the need to develop better linkages and co-ordination between the two areas at policy and operational levels. The Review recommends the setting up of a working group involving key stakeholders of both the alcohol and drugs area to explore the potential for better co-operation between the two areas and how synergies could be improved. *(Brian Galvin)*

1. Steering Group for the Mid-Term Review of the National Drugs Strategy (2005) *Mid-term review of the National Drugs Strategy 2001–2008*. Dublin: Department of Community, Rural and Gaeltacht Affairs.

The Pompidou Group's European Prevention Prize 2006

The Pompidou Group's European Prevention Prize is awarded annually to active youth drug prevention projects that are currently functioning in Pompidou Group member states.[1] Its objective is to recognise the importance of active youth participation in drug prevention. Up to three youth projects will each receive a monetary prize worth €2,000. One of the eligibility criteria for the prize is that young people, under the age of 25 years, must be involved in the work of the drug prevention project. The entries will be judged by a jury comprising young people from the Netherlands, Norway, Romania, the Russian Federation, Turkey and the United Kingdom. The jury will be supported by an advisory group of adult drug professionals from Germany and the United Kingdom. *(Hamish Sinclair)*

1. Member states of the Pompidou Group are: Austria, Azerbaijan, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Russian Federation, San Marino, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

Applications must be submitted to the Secretariat of the Pompidou Group before 1 October 2005. Further details, including an application form, can be obtained from the Pompidou Group at www.coe.int/T/DG3/Pompidou/Default_en.asp

EU Action Plan on Drugs 2005–2008

The EU Action Plan on Drugs 2005–2008 (COM [2005] 45 final) is due to be adopted by the European Council in June 2005. It identifies 61 actions to be taken over the next four years in pursuit of the EU Drugs Strategy 2005–2012, which was outlined in issue 13 of *Drugnet Ireland*. The actions are to be undertaken variously by the EU institutions and special agencies or by member states. Actions with implications for Ireland's National Drugs Strategy, which is coterminous with the EU Action Plan, are outlined below.

Co-ordination

In its evaluation of the 2000–2004 EU drugs strategy and action plan on drugs (COM [2004] 707 final), the European Commission concluded that civil society had not been regularly consulted on drugs policy at either national or EU level. To counter this perceived weakness, the new Action Plan identifies two steps, including the issuing of a Green Paper by the Commission in 2006 on ways to co-operate effectively with civil society, and a report on the outcome of national-level consultations on the drugs issue in 2008 by member states to the Horizontal Drugs Group (HDG), which comprises representatives of the member states and the European Commission and reports to the European Council. Ireland's Mid-Term Review (MTR) of the National Drugs Strategy recommends strengthening the representation of the voluntary and community sectors on the two policy co-ordinating mechanisms – the Inter-Departmental Group and the National Drugs Strategy Team.

Demand reduction

The European Commission's final evaluation of the EU Drugs Strategy 2000–2004 also found that there was no strong evidence that the rate of drug use prevalence in the EU had declined. To strengthen the effectiveness of prevention initiatives, the Action Plan calls on member states to (1) ensure that by 2007 comprehensive prevention programmes covering both licit and illicit drugs as well as poly-drug use are included in school curricula or are implemented as widely as possible, and (2) develop and improve prevention programmes for specific target groups (e.g. families at risk, 'school drop outs') and specific settings (e.g. drugs and driving, drugs in the work place, drugs in recreational settings). The MTR makes several recommendations with respect to strengthening the effectiveness of prevention programmes and targeting specific groups. With respect to specific settings, by 2008 the European Commission will complete a study on the influence of alcohol, drugs and medicines on driving, and member states will report to the HDG on the coverage of drug programmes in the workplace.

Some eleven actions relating to treatment, harm reduction, rehabilitation and social reintegration are listed in the Action Plan. For example:

- Member states are to improve early detection of risk factors and intervention by providing appropriate training for professionals who come in contact with potential drug users
- Member states are to improve the availability of, and access to, targeted and diversified treatment, rehabilitation and social reintegration services. Concurrently, by 2007, the European Commission is to prepare a proposal for an EU agreement on minimum standards on drug treatment.
- In respect of drugs in prisons, by 2007 the European Commission is to prepare a proposal for a Council recommendation regarding the development of prevention, treatment and harm reduction services for people in prison, reintegration services on release from prison and methods to monitor and analyse drug use among prisoners. By 2008 member states are to report to the HDG on the progress they have made in developing and using alternatives to prison for drug addicts who have committed drug-related offences.
- Member states are called on to improve access to services for the prevention and treatment of infectious diseases and drug-related health and social damage, by ensuring access for addicts to services designed to reduce risks; by implementing comprehensive programmes on HIV/AIDS, HCV, and other blood-borne diseases that include vulnerable groups; and by identifying the reduction of drug-related deaths as a specific target at all levels, and designing interventions specifically to reduce the number of deaths.

Supply reduction

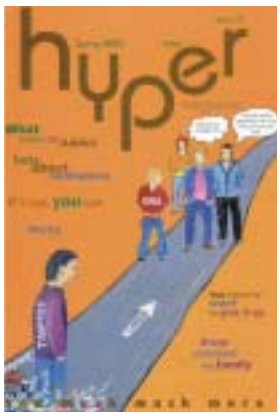
The European Commission's evaluation of the previous EU drugs strategy found that there was no significant reduction in the availability of drugs in the EU. The Action Plan identifies some eleven actions intended to strengthen EU law enforcement co-operation. At strategic level, the actions include a number of research and information- and data-gathering initiatives on various aspects of drug-related crime, including a study of best practice in the establishment of a joint operational fund, to be financed from the confiscation of assets earned through drug production and trafficking.

At operational level the Action Plan calls for joint law enforcement co-operation, including targeting money laundering; fighting international organised drug production and trafficking; combating serious criminal activity in the field of precursor chemical diversion, and preventing the diversion of precursors, particularly synthetic precursors imported into the EU.

Information, research and evaluation

In the area of information, member states are to participate in fully implementing and fine-tuning the five key epidemiological indicators, and in developing estimates of direct and indirect expenditures on drugs, including law enforcement, drug-related health and social issues and international co-operation. In 2007 the European Commission is to bring forward a proposal for an agreement on EU guidelines and mechanisms for detecting, monitoring and responding to emerging trends. With regard to research, the European Commission is to promote research on biomedical, psychosocial and other factors behind drug use and encourage networks of research excellence for the optimal use of resources and effective dissemination of results. *(Brigid Pike)*

Hyper and the search for respect



'Most addicts would say they always felt apart from everything, that no matter what the circumstances were, they did not feel they fit in.'

The contributors to *Hyper* deserve congratulations for their courage in revealing their experiences of respect and self-respect so openly and frankly. They provide insights into a critical aspect of their relationships with other people.

The 10th issue of *Hyper* appeared in Spring 2005. Published by Soilse, the Health Service Executive's Addiction and Rehabilitation and Training Centre, *Hyper* is produced largely by participants in the Soilse drug rehabilitation programme, i.e. young people aged between 18 and 25 years.

Since it first appeared in 1999,[1] *Hyper* has carried information features, and also personal stories and poems by Soilse participants about their experiences with drugs and drug addiction. Respect – the means by which people attach a social value to other people, or have a social value attached to themselves – figures regularly in these contributors' stories.[2]

In post-industrial societies respect is a valued commodity. In modern Ireland it has been identified as one of the four 'foundational objectives' to pursue if all members of Irish society are to enjoy equality.[3] Contributors to the latest issue of *Hyper* reveal how complex the process of acquiring or losing respect can be.[4]

Contributor David describes how his desire for respect was a factor in his starting to use drugs at the age of 11 or 12: 'My family was a mess and school was a joke. I was young with loads of potential but craved the wrong things. I wanted respect and hung around with the big boys on the corners, doing all the stuff they were into – robbing, mischief and taking drink and drugs.' Another contributor, Daniel, delves further:

> Most addicts would say they always felt apart from everything, that no matter what the circumstances were, they did not feel they fit in. … How does a person fill this void? We will look for excitement because in this we may feel we belong. We will see the drug scene as a group of people that in our eyes look as one, where everyone is loved, needed and wanted. This is where the drug culture holds its power. To someone who is looking for belonging, the drug culture is a community.

Daniel's explanation echoes that given in Becker's classic study of marijuana users in 1950s Chicago.[5] The marijuana users gradually shifted their moral allegiance, and their search for respect, from the wider society to the drug-using network in which they found themselves accepted.

Becker also observed how drug users frequently attempted to cure themselves of their addiction and that the motivation was to show non-addicts, whose opinions they respected, that they were not as bad as they were thought to be. To their dismay, however, they found that people still viewed them as 'junkies', still stigmatised them, still disrespected them. Contributors to *Hyper* who are on methadone treatment describe a similar experience. For example:

Derek: 'There's a stigma with ignorant people. They don't understand what methadone is. … They view it as drugs instead of stabilisation. You're still viewed as a junkie. Alcohol is ok – if I switched – it's socially acceptable. But methadone/phy – "oh, the guy's on drugs". I class them as ignorant people. I do it for myself. I don't take the stigma on board.'

Stuart: There's definitely a stigma though. You're in the chemist, taking it there and there's oul wans there with prescriptions and they look down on you. It does bother me. You get a certain look. People'd be whispering and looking.'

Denise: 'There's a stigma. I overhear people talk. It makes me feel like shit when I stand there listening. People don't know I'm on it. I try to hide it.'

These accounts highlight the intersubjectivity of respect: it arises in the course of interactions between two or more persons. Derek, Stuart and Denise all experience a lack of respect from other persons, which affects their self-respect, which in turn influences their responses to the other persons (ignorant people, oul' wans) and their behaviours, such as Denise concealing the fact that she is on methadone treatment.

The contributors to *Hyper* deserve congratulations for their courage in revealing their experiences of respect and self-respect so openly and frankly. They provide insights into a critical aspect of their relationships with other people. But it is only part of the story. If other actors in the area of illegal drugs – policy makers, researchers, the media, treatment professionals, law enforcers – were to give their side of the story, with equal candour, valuable insights into the individuals' sense of identity and power, as well as the functioning of equality in such situations, would be obtained. *(Brigid Pike)*

1. The complete series of *Hyper* is available in hard copy in the National Documentation Centre on Drug Use.
2. In 2004 Brigid Pike completed an MSocSc dissertation 'Respect and self-respect in everyday life: A survey of theoretical and methodological approaches with special reference to illegal drug users as an example of a socially-excluded group'. The dissertation is available online in the National Documentation Centre.
3. See National Economic and Social Forum (2002) *A strategic policy framework for equality issues.* Dublin: National Economic and Social Forum.
4. The experiences of respect described by drug users undergoing treatment or rehabilitation differ from those described in relation to other users at different stages of their drug-using 'career'. Cf. P Bourgois (2003) *In search of respect: crack dealers in Barrio.* 2nd edition. Cambridge University Press; T Williams (1990) *The cocaine kids.* London: Bloomsbury Publishing; B Hanson *et al.* (1985) *Life with heroin.* Lexington MA: Lexington Books. Notwithstanding the differences, each perspective reveals a common set of principles governing the functioning of respect.
5. H S Becker (1963) *Outsiders.* New York: The Free Press.

CLAN survey reveals high levels of alcohol and drug use among college students

On 25 April 2005 the Minister of State at the Department of Health and Children, Mr Sean Power TD, announced the publication of *The Health of Irish Students* report.[1] The report incorporates the results of the College Lifestyle and Attitudinal National (CLAN) survey and a qualitative evaluation of the College Alcohol Policy Initiative. The aim of the CLAN survey was to establish a national student profile of lifestyle habits, including living conditions, general health, mental health, dietary habits, exercise habits, accidents and injuries, sexual health and substance use – tobacco, alcohol and illicit drugs. This information will be used in planning for student needs and as a baseline in monitoring trends over time. This article will focus on the CLAN survey and its results in relation to student alcohol and illicit drug use.[2]

With regard to alcohol use, three out of every four drinking occasions were binge drinking occasions for male students, compared to three out of every five for female students. Binge drinking is a term used to describe a single occasion of excessive or high-risk drinking, defined in this survey as drinking at least four pints of beer or a bottle of wine or equivalent at one drinking occasion. These figures indicate that this pattern of high-risk drinking is the norm among college students, with more male than female binge drinkers.

The likelihood of students experiencing adverse consequences from their own drinking increased with more frequent binge drinking episodes. Students who were regular binge drinkers, defined as binge drinking at least weekly, were three times more likely to have experienced money problems (32% vs. 10%), fights (22% vs. 6%), accidents (13% vs. 4%) and unprotected sex (19% vs. 6%) than were students who were binge drinking less frequently, or were not binge drinkers. Regular binge drinkers were also twice as likely as other student drinkers to be current smokers (38% vs. 18%) and recent cannabis users (54% vs. 25%). Regular binge drinking can also interfere with academic performance. For example, regular binge drinkers were twice as likely to miss classes due to alcohol (61% vs. 27%) and to report that their studies were affected (39% vs. 19%).

With regard to drug use, cannabis was the most common illicit drug used by students, with over one-third (37%) reporting that they had used it in the past 12 months (Table 1). Ecstasy was the second most used illicit drug, followed by cocaine, magic mushrooms and amphetamines. For all drugs, the levels of use were higher among students than among those of a similar age group (15–24 years) in the general population (Table 1). The use of solvents (inhalants) was particularly high. Male students were more likely to use illicit drugs than were female students. Significant differences ($p<0.01$) between genders were observed for cannabis, ecstasy, cocaine, magic mushrooms and solvents.

The report recommends ten actions required to ensure that the college environment is more conducive to the positive health and well-being of all students. Acknowledging that alcohol-related harm was particularly high and of major concern, the report recommends the implementation of all five elements of the college alcohol policy framework.[3] In addition, the report recommends that a programme of ongoing research should be agreed to allow for monitoring of trends and evaluation of programmes and interventions.

The CLAN survey was carried out among undergraduate full-time students in 21 third-level colleges in Ireland during the academic year 2002/2003. The colleges included seven universities, twelve institutes of technology and two colleges of education. A national sample size was calculated using a three per cent precision and a 95 per cent degree of confidence, with a

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Table 1 Illicit drug use in past 12 months by undergraduate full-time students (CLAN survey) compared to those aged 15–24 years in the general population

Used in last 12 months	CLAN survey %	General population* (15–24 years) %
Cannabis	37.3	11.0
Ecstasy	8.0	2.8
Cocaine	5.8	2.7
Magic mushrooms	4.9	1.1
Amphetamines	4.5	1.2
Solvents	2.2	0.2
LSD	1.7	0.2
Heroin	0.4	0.2

* National Advisory Committee on Drugs and Drug and Alcohol Information and Research Unit (2005) *Drug use in Ireland & Northern Ireland. Bulletin 1. First results (revised) from the 2002/2003 drug prevalence survey.* Dublin: National Advisory Committee on Drugs.

CLAN survey *(continued)*

For all drugs, the levels of use were higher among students than among those of a similar age group (15–24 years) in the general population.

breakdown for the colleges based on each college population. Each participating college generated a random sample from its computerised enrolment list of full-time undergraduate students, distributed the self-completed survey questionnaire by mail to selected students and collected the completed questionnaires by mail or by using drop-off points on campus.

A total of 3,259 students responded to the survey, giving a reported response rate of 50 per cent. No information is given in the report about those who did not respond, so it is not possible to tell if they differed in any way from those who did respond. Of those who did respond, 38 per cent were male and 62 per cent were female. Based on Department of Education and Science figures, the gender breakdown for persons receiving full-time education in the academic year 2002/2003 was 46 per cent male and 54 per cent female.[4] Thus there would appear to be a slight over-representation of female students in the CLAN survey. *(Hamish Sinclair)*

1. Health Promotion Unit (2005) *The health of Irish students.* Dublin: Health Promotion Unit, Department of Health and Children.

2. Hope A, Dring C and Dring J (2005) College Lifestyle and Attitudinal National (CLAN) Survey. In: Health Promotion Unit. *The health of Irish students.* Dublin: Health Promotion Unit, Department of Health and Children.

3. Health Promotion Unit (2001) F*ramework for developing a college alcohol policy.* Dublin: Health Promotion Unit, Department of Health and Children.

4. Department of Education and Science (2004) *Statistical Report 2002/2003.* Dublin: Stationery Office.

The HSE and the National Drugs Strategy

The NSP emphasises that responses to the needs of those dependent on drugs or alcohol require a partnership approach across organisational boundaries, including drug task forces, together with clear strategies to prevent and reduce levels of drug or alcohol misuse and harm.

On 1 January 2005 the Health Service Executive (HSE) was established to manage Ireland's public health sector as a single national entity.[1] It replaced the former health boards, which had responsibility for 23 actions in the National Drugs Strategy, and joint responsibility for a further 11 actions. Responsibility for these actions has transferred across to the HSE. The new governance arrangements, whereby the chief executive officer of the HSE is now directly accountable to the Oireachtas for the performance and management of the HSE, may be expected to have an impact on drugs policy co-ordination and implementation.

The National Drugs Strategy outlines a three-tiered co-ordination structure, including the Cabinet Committee on Social Inclusion, comprising government ministers; the Inter-Departmental Group (IDG), comprising representatives from government departments, including the Department of Health and Children; and the National Drugs Strategy Team (NDST), chaired by an official from the Department of Health and Children and comprising representatives of departments, state agencies and the voluntary and community sectors.

The Mid-Term Review of the National Drugs Strategy addresses the question of where the HSE fits in to this co-ordination structure. It recommends that the IDG be expanded to include senior-level representation not only from government departments but also from the HSE (and other state agencies, including the National Advisory Committee on Drugs, the National Assessment Committee of the Young Persons' Facilities and Services Fund and the Irish Prison Service), and from the voluntary and community sectors. The Mid-Term Review also recommends that both the Department of Health and Children and the HSE be represented on the NDST, but notes that the Department of Health and Children believes that it no longer has a role on the NDST.

Published in March 2005, the HSE's National Service Plan (NSP) for 2005 outlines how the HSE intends to deliver its drug treatment services. The management of all addiction services will be under the remit of the Social Inclusion Services, but the management of methadone treatment services also appears under the remit of Primary Care Services and the management of detoxification also appears under the remit of Mental Health Services. Therefore, it is unclear who is responsible for which aspects of the addiction services at present. The NSP emphasises that responses to the needs of those dependent on drugs or alcohol require a partnership approach across organisational boundaries, including drug task forces, together with clear strategies to prevent and reduce levels of drug or alcohol misuse and harm. The plan also endorses a needs-based approach to the delivery of services that minimises disadvantage.

A clear alignment with the National Drugs Strategy is established through the commitment made in the NSP to Action 22 of the national health strategy, *Quality and Fairness,* which states that all relevant actions in the National Drugs Strategy will be implemented by 2008. Moreover, the NSP commits Addiction Services, within Social Inclusion Services, to providing six-monthly reports to the Department of Community Rural and Gaeltacht Affairs on the implementation of the National Drugs Strategy, supporting the Health Research Board (specifically the National Drug Treatment Reporting System), and implementing the work programme (i.e. report recommendations) of the National Advisory Committee on Drugs.

The HSE and the National Drugs Strategy *(continued)*

The NSP states that the HSE's Addiction Services will monitor the two key performance indicators in the National Drugs Strategy that relate to timeliness of access to treatment services and access to treatment for under-18-year-olds. Specifically, these are:

- Immediate access (within 3 days) to professional assessment and counselling by health board services and the commencement of treatment not later than one month following assessment. One month is defined as 28 days.
- Development of age-appropriate guidelines on problem drug users aged less than 18 years and access to treatment (Jean Long, personal communication, 2005)

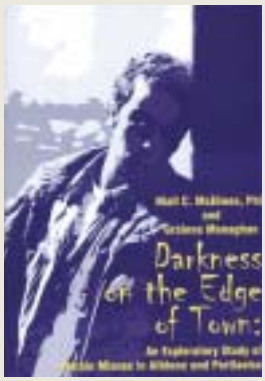
The NSP states that Addiction Services will also ensure the finalisation of the service users' charter for drug initiatives.

In June of this year the HSE is due to publish its first corporate plan, which will set out the HSE's goals and strategies for the next three years. This plan may be expected to reveal more information about how the HSE will seek to implement recommendations in the Mid-Term Review of the National Drugs Strategy relating to:

- an audit of the current availability of treatment options, including an assessment of treatment needs and methods of tracking ongoing developments, to be completed by mid-2006;
- increasing the availability and range of drug-related treatment options, including detoxification;
- expanding the provision of needle-exchange and harm-reduction services to ensure wider geographic availability and availability at evenings and weekends;
- increasing the numbers of GPs and pharmacies participating in the methadone protocol. *(Brigid Pike)*

1. The Health Service Executive was established as a statutory body by the Health Act 2004.

Heroin misuse in Athlone and Portlaoise



The Midlands Regional Task Force commissioned Niall McElwee and Grainne Monaghan to examine heroin misuse in Athlone and Portlaoise.[1] Athlone is on the main route from Dublin to Galway; Portlaoise is situated on the main Dublin to Cork/Limerick road. The researchers employed a 'relational child and youth care model' to uncover and present the views and experiences of heroin users and service providers in the two towns. They collected the data through interviews with heroin users and service providers. Their findings were triangulated using quantitative and qualitative information from a variety of stakeholders.

According to the authors' findings:

- In the urban area of Athlone in 1996, two-fifths of the population had no second-level qualifications. In February 2000, 1,391 persons were unemployed. At the time of the study, one local authority housing estate in west Athlone had an identifiable substance-use problem. The authors noted the difficulty in quantifying the numbers using heroin because figures varied between sources. In 2004, the local media reported that there were approximately 100 heroin users living in the town and, at the same time, service providers estimated that there were between 60 and 500 users. In 2003, 39 cases were receiving treatment for problem opiate misuse through the Athlone Addiction Counselling Services. Service providers believed that poverty and disadvantage were strongly linked to heroin use in the town. Many service providers reported that the location of a treatment centre in Athlone, with a transient clientele from Dublin, had contributed considerably to heroin use. There was an increase in heroin use among women in Athlone, with many of them introduced to heroin use by their partners. One focus group reported that the majority of their clients started smoking heroin but then progressed to injecting. According to the service providers, a large proportion of their clients were hepatitis C positive. The service providers stated that their clients' heroin habits were funded through criminal activity and prostitution (both male and female). Users spent anything from €50 to €1,000 per week to feed their habits.
- The population living in the urban area of Portlaoise was 3,842 in 2002. In 2002, 19 per cent of the urban population had not completed primary level education and 20 per cent of those aged over 15 years were unemployed. There are a number of high-density local authority housing estates in urban Portlaoise. In 2002, Garda sources reported that there were approximately 50 persons using heroin in Portlaoise. According to the service providers, the figures varied from 70 to 250 persons misusing heroin. In 2003, 30 cases received treatment for problem opiate use from the Portlaoise Addiction Counselling Services. The service providers reported that most of the heroin was brought down from Dublin. The treatment providers in the town stated that

Heroin misuse in Athlone and Portlaoise *(continued)*

Many service providers reported that the location of a treatment centre in Athlone, with a transient clientele from Dublin, had contributed considerably to heroin use.

50 per cent of their clients were female and that very few heroin users injected. It was found that criminal activity to fund heroin was a recent phenomenon and, to date, prostitution was not a serious problem in Portlaoise. There was only one pharmacy dispensing methadone in Portlaoise at the time of the study and the lack of such pharmacies was seen as a critical issue.

Following focus groups and pilot interviews, a refined questionnaire was developed and data were collected between October and November 2004. In the two towns, the study participants were selected using personal contact, key informants, media appeals or a snowballing technique. Of the 143 questionnaires distributed, only 16 (11%) were returned to the researchers. According to the authors, the response rate was much lower than expected and many potential respondents failed to keep appointments for interviews.

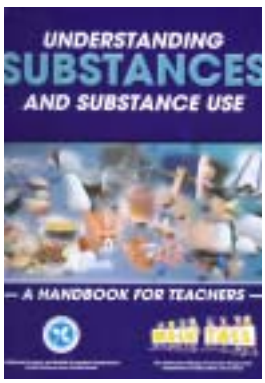
The key survey findings were:

- Over half (8/15) of respondents were female.
- Ten of the 16 respondents were under 30 years old.
- Twelve of the 15 respondents lived in Athlone, while only two lived in Portlaoise.
- Only one of the 16 respondents was brought up in Dublin.
- Seven of the fourteen respondents left school before their sixteenth birthday.
- Four of the 16 respondents were currently employed.
- Of the 16 respondents, nine drank alcohol; seven drank for two or more successive days.
- Of the respondents who answered the question, six were currently using heroin, five were currently using other drugs, 15 had ever used cannabis, 14 had used heroin and 10 had used cocaine.
- Just over half of the respondents had used heroin by their 18th birthday;
- Of the 16 respondents, six injected heroin;
- The main reasons for taking heroin were to boost feelings of well-being and to overcome problems;
- Of the 16 respondents, nine said that they received treatment.

The majority of problem heroin use is concentrated in specific local authority areas. According to the authors, the Midland's addiction service requires a client-centred approach to treatment, needle exchange outlets, an inpatient detoxification unit, stabilisation facilities and rehabilitation interventions. There is a need for a dedicated addiction service response for those aged under18 who are misusing drugs. *(Jean Long and Fionnola Kelly)*

1. McElwee N and Monaghan G (2005) *Darkness on the edge of town: an exploratory study of heroin misuse in Athlone and Portlaoise.* Athlone Institute of Technology and Midlands Regional Drugs Task Force.

Understanding substances and substance use: A handbook for teachers



On 15 December 2004 the Substance Misuse Prevention (Walk Tall) Programme of the Department of Education and Science hosted the launch of *Understanding substances and substance use: A handbook for teachers* by Minister Mary Hanafin TD. The handbook is intended as a resource for teachers delivering substance use education in the context of Social Personal and Health Education (SPHE) in both primary and post-primary schools.[1] It was developed and produced by the Walk Tall Programme in partnership with the Addiction Services and Health Promotion Department of the South Western Area Health Board.

The handbook includes material on defining substance terminology; theoretical stages of substance use and risk and protective factors surrounding substance use. In addition there is information on how substances can be ingested, their effects and their legal status. There is also material on developing drug education and drug policies in schools.

Section five of the handbook includes key insights into the Zinberg approach to understanding substance use, while section eight addresses the recent phenomenon of home drug testing. Both sections are treated to a more discursive approach below in an attempt to draw out some of the key points.

Section five highlights the 'epidemiological triangle of drug use' that describes the three factors that impact on all stages of drug use. This section is grounded in the theoretical proposition of Zinberg.[2] According to Zinberg there are three key factors in play when drugs are being used; the make up and compound of the drug itself (drug), the psychology of the person taking the drug (set) and the social environment in which the drug is taken (setting). Reference to the framework provides for the removal of the temptation to demonise the properties of drugs as solitary effect producers, without considering the psychological condition and social context of the user. Such demonisation is not dissimilar to the 'scare tactics' approach to drug

Understanding substances and substance use *(continued)*

education that Morgan (2001) cautions against.[3] Both approaches are based on the premise that when ingested, often on the first occasion, the properties of certain drugs will result in irreversible experiences such as addiction or criminality. Overstating the probability of such experiences can result in the loss of credibility between students and teachers, particularly if students have experience of their peers using drugs without evidence of major consequences. The drug, set and setting framework can be useful for teachers in classroom discussion, particularly in secondary school drug education, as it allows teachers to address the issues without denying or demonising the effects that drugs can produce, but by understanding such effects through the interaction between us, the drug and our environment.

Section eight addresses the signs and symptoms of drug use and the issue of home drug testing. The section highlights the need for teachers and parents to be aware that signs and symptoms that may traditionally be linked to drug use, such as erratic mood swings, changes in appearance and loss of interest in school, are also normative aspects of the experience of adolescence. The inclusion of the issue of home drug testing is a welcome contribution to the debate on the merits or otherwise of using such tests. The section highlights a number of practical, ethical and legal issues that require consideration from schools or parents prior to the use of this form of drug testing, for example:

- How will the test impact on the relationship between the young person and their parents or school in terms of trust?
- How will a urine sample (most common way of testing) be obtained? Any degree of coercion has quite serious legal implications for either the parents or the school in terms of the young person's rights.
- Are the results reliable? For example, unlike medical professionals who normally carry out such tests, schools and parents are unlikely to be appropriately trained to obtain the sample, carry out the test and interpret the results. In addition, false positives can result if the individual has been taking over-the-counter medicines containing codeine or opiate derivatives.

The handbook is a welcome contribution to the task of 'educating the educators' on drug-related information and can play a useful role in assisting schools to deliver quality drug education and develop and implement a drug policy as recommended in the National Drugs Strategy. *(Martin Keane)*

1. Keane R, Reaper-Reynolds S, Williams J and Wolfe E (2004) (Eds) *Understanding substances and substance use: a handbook for teachers.* Dublin: Addiction Services and Health Promotion Department, South Western Area Health Board and the Substance Misuse Prevention Programme, Department of the Education and Science.
2. Zinberg NE (1984) *Drug, set, and setting: the basis for controlled intoxicant use.* New Haven: Yale University Press.
3. Morgan M (2001) *Drug use prevention: overview of research.* Dublin: National Advisory Committee on Drugs.

To obtain copies of the handbook, contact Mary Johnson, National Co-ordinator of Walk Tall at 087 2839218. A copy is also available in the National Documentation Centre on Drug Use.

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Prevalence of alcohol and drug use among the homeless population in Ireland

Lawless and Corr[1] at Merchants Quay Ireland assessed the nature, extent and experience of alcohol and drug use among people who were homeless in four cities in Ireland, namely: Cork, Dublin, Galway and Limerick. The report was prepared for the National Advisory Committee on Drugs and launched in April 2005. Homelessness was defined as living in a hostel or shelter, a bed and breakfast, or a squat, or living temporarily with family or relatives. In Cork, Galway and Limerick, the definition was extended to include transitional housing or long-term supported housing.

In Dublin, the sample was selected using a quota sampling based on gender, age and primary accommodation type, while in Cork, Galway and Limerick the quota sample was based on primary accommodation. The majority (247, 70%) of the sample was recruited in Dublin and the remainder (108, 30%) in the other three cities. The 355 participants were recruited from among those in contact with homeless services in the four cities. Drug treatment centres and needle exchange facilities were excluded from the list of services so as to avoid over-estimating the prevalence of drug use.

Between June and October 2003, nine field workers interviewed the participants using a semi-structured questionnaire, which:

- Elicited information regarding basic identifiers, personal characteristics, accommodation types, experiences of homelessness, income, health, alcohol and drug use, risk behaviours, contact with services and current needs;

Alcohol and drug use among the homeless population *(continued)*

Of note, 19 per cent of respondents reported that drug use was the main reason for their becoming homeless, while 13 per cent reported that alcohol was the main reason.

Of the 355 participants, 74 per cent reported illicit drug use at some point in their life, 64 per cent reported illicit drug use in the year preceding the study and 52 per cent had reported illicit drug use in the month preceding the study.

- Measured problem alcohol use using a validated tool known as the Alcohol Use Disorders Identification Test Screening Instrument (AUDIT);
- Assessed drug use through three approaches, which included:
  - European Monitoring Committees Drug and Drug Addiction (EMCDDA) standard questions on lifetime, recent and current use of various drug classifications;
  - A 10-point version of the Drug Abuse Screening Test to identify problematic drug use;
  - Severity of Dependence Scale to measure the degree of dependence on a variety of drugs.

Each person interviewed was allocated a unique identifier (initials, gender and date of birth) and these identifiers were shared between the fieldworkers so as to avoid respondents participating more than once.

This article presents the prevalence of alcohol and drug use among the homeless. The main findings are as follows:

- Of the 355 participants:
  - 101 (28%) were less than 24 years old, while 161 (35%) were more than 34 years old;
  - 244 (69%) were male.
- Of the 352 participants for whom location and type of accommodation were known:
  - Half (176) were living in a hostel, just under one-fifth (69) were staying in bed and breakfast accommodation, 56 (16%) were sleeping rough and the remaining 15 were staying in other accommodation;
  - 245 (70%) lived in Dublin while 36 (10%) lived in each of the other cities, Cork, Galway and Limerick;
- Of note, 19 per cent of respondents reported that drug use was the main reason for their becoming homeless, while 13 per cent reported that alcohol was the main reason;
- Of the 352 for whom frequency of alcohol use was known, 105 (30%) were not drinking alcohol at the time of the survey, while 83 (23%) consumed alcohol on four or more days per week;
- 247 participants reported alcohol use at the time of the survey and were screened for problem alcohol use, 73 per cent had an alcohol problem and 49 per cent of these had a high-level alcohol problem.
- Of the 355 participants,
  - 74 per cent reported illicit drug use at some point in their life, 64 per cent reported illicit drug use in the year preceding the study and 52 per cent had reported illicit drug use in the month preceding the study (Table 1);
    - Gender was not associated with current drug use;
    - A lower proportion of hostel dwellers (43%) reported current drug use than did those sleeping rough (73%) or staying in bed and breakfast accommodation (67%);
    - A higher proportion of homeless living in Dublin were current drug users than the proportions living in each of the other cities;
  - Cannabis was the most common illicit drug used, with 69 per cent using it at some point in their life, followed by heroin (42%), ecstasy (42%), cocaine powder (41%), amphetamines (35%), hallucinogens (28%), crack cocaine (19%) and solvents (16%);
  - Cannabis was the most common (43%) illicit drug used in the last month, followed by heroin (22%), cocaine powder (17%), ecstasy (12%), crack cocaine (3%) amphetamines (2%), hallucinogens (1%), and solvents (1%);
  - 45 per cent were using more than one drug at the time of the study and this represents 72 per cent of current drug users;
- Using the DAST screening instrument, 36 per cent of the 355 participants were classified as problem drug users and 65 per cent of the 183 current drug users were problem drug users;
- Using the Severity of Dependence Scale, 43 per cent of the scores of the 183 current drug users indicated a high level of psychological dependence.

Table 1 Prevalence of illicit drug* use in the homeless population in Ireland in 2003

	Total (355)	Dublin (245)	Cork (36)	Limerick (36)	Galway (36)
			Per cent		
Lifetime use	74	80	72	42	64
Recent use	64	72	53	28	50
Current use	52	59	42	25	36

*Illicit drugs are cannabis, ecstasy, amphetamines, cocaine powder, crack cocaine, heroin, hallucinogens and solvents.

Alcohol and drug use among the homeless population *(continued)*

As expected, drug use is much more common among the homeless population than among the general population.[1,2] The profile of drug use reported by the homeless population in 2003 is similar to that reported by the prison population in 1999,[3] indicating the high-risk substance use among these two populations and, possibly, considerable overlap between the prison and the homeless population. *(Jean Long)*

1. Lawless M and Corr C (2005) *Drug use among the homeless in Ireland.* Dublin: Stationery Office.
2. National Adivsory Committee on Drugs and Drug and Alcohol Information and Research Unit (2003) *Drug use in Ireland and Northern Ireland. Bulletin 1. First results from the 2002/2003 drug prevalence study*. Dublin: National Advisory Committee on Drugs.
3. Centre for Health Promotion Studies, National University of Ireland, Galway (2000) *General health care study of the Irish prison population.* Dublin: Stationery Office.

Prison needle exchange

Lessons from a comprehensive review of international evidence and experience

On 18 November 2004, Merchants Quay Ireland and the Penal Reform Trust launched a report that examined the issue of prison needle exchange based upon the international experience up to 31 March 2004.[1]

The authors completed a literature review, visited prisons in four countries, and corresponded with people responsible for administering prison needle exchange programmes. The report provides a comprehensive review of the evidentiary and legal basis for prison needle exchange programmes.

The need for an effective response to the issues of HIV, hepatitis C, and injection drug use in prisons is a significant international concern. In many countries, including Ireland, rates of HIV and hepatitis C infection in prison populations are much higher than those in the general population. In many countries, the epidemics of HIV and hepatitis C in prisons are linked to injection drug use and to unsafe injection practices.

Needle exchange programmes have proven to be an effective harm-reduction measure that reduces needle sharing, and therefore the risk of HIV and hepatitis C transmission, among people who inject drugs. As a result, many countries have implemented these programmes within community settings to enable people who inject drugs to minimise their risk of contracting or transmitting HIV and hepatitis C through needle sharing.

Despite the success of these programmes in the community, only six countries (Switzerland, Germany, Spain, Moldova, Kyrgyzstan, and Belarus) have extended needle exchange programmes into prisons. Other countries, including Kazakhstan, Tajikistan, and Ukraine may follow in the near future.

Needle exchange programmes have been implemented in some of these prisons since 1992, in each case in response to significant evidence of the risk of HIV transmission within the institutions through the sharing of injecting equipment.

Needle exchanges in prisons were typically implemented on a pilot basis, and later expanded based on the experience during the pilot phase. Several different methods of syringe distribution are employed, including:

- Automatic dispensing machines;
- Hand to-hand distribution by prison physicians or healthcare staff or by external community health workers;
- Programmes using prisoners trained as peer outreach workers.

The experience and evidence from the six countries where prison needle exchange programmes exist demonstrate that such programmes:

- Do not endanger staff or prisoner safety and, in fact, make prisons safer places to live and work;
- Do not increase drug consumption or injecting;
- Reduce risk behaviour and disease (including HIV and hepatitis C) transmission;
- Have other positive outcomes for the health of prisoners;
- Have been effective in a wide range of prisons;
- Have successfully employed different methods of needle distribution to meet the needs of staff and prisoners in a range of prisons.

According to Rick Lines, one of the authors, the goal of this report is to encourage prison systems with HIV and hepatitis C epidemics driven by injection drug use to implement needle exchange programmes. He cautions that the failure to provide prisoners with access to essential HIV and hepatitis C prevention measures is a violation of their right to health in international law. At the launch of the report, he also highlighted that failure to continue needle exchange in prison reduces the effectiveness of needle exchange in the community. *(Jean Long)*

1. Lines R, Jurgens J, Betteridge G, Stover H, Laticevschi D, Nelles J (2004) *Prison needle exchange: lessons from a comprehensive review of international evidence and experience.* Montréal: Canadian HIV/AIDS Legal Network.

This report is available on the website of the Canadian HIV/AIDS Legal Network at www.aidslaw.ca/Maincontent/issues/prisons.htm, or can be ordered from the Canadian HIV/AIDS Information Centre; Tel + 1 613 725-3434; Fax +1 613 725-1205; Email: aidssida@cpha.ca.

The need for an effective response to the issues of HIV, hepatitis C, and injection drug use in prisons is a significant international concern.

Needle exchange programmes have proven to be an effective harm-reduction measure that reduces needle sharing, and therefore the risk of HIV and hepatitis C transmission, among people who inject drugs.

Minister addresses Joint Oireachtas Committee on Community Policing

Minister of State Noel Ahern TD, in a submission to the Joint Oireachtas Committee on Justice, Equality, Defence and Women's Rights, outlined his intention to extend the Community Policing Forum model, developed in a number of Local Drugs Task Force areas, to all remaining LDTF areas and to other areas of high drug misuse throughout the country.

The Joint Committee was conducting a review of community policing in Ireland in light of proposals contained in chapter four of the Garda Síochána Bill 2004 to establish new local policing structures.

Over the last few years we have seen the development of a number of community policing fora throughout Dublin. These have grown largely out of community demands for improved policing in the context of the drugs crisis in many parts of the city. With the establishment of local drugs task forces, many of these fora have been established on a more formalised basis. The National Drugs Strategy 2000–2008 highlights the importance of community policing fora to the development of local drugs task forces. Action 11 aims 'to extend the Community Policing Fora initiative to all LDTF areas, if the evaluation of the pilot proves positive.'[1]

In light of the positive evaluation of the north east inner city model,[2] and following submissions received during the mid-term review of the National Drugs Strategy, Minister Ahern, who has responsibility for the Strategy, informed the committee:

> …the community policing fora currently operate in three local drugs task force areas in Dublin – the north inner city, Cabra, and the south inner city. While slightly different approaches have been taken in the different areas, the model preferred by contributors to the mid-term review, particularly community groups, is the one that operates in the north inner city. This model involves the appointment of a civilian community co-ordinator who liaises between the Garda and the local community. There is a management committee, involving senior officials from the Garda and Dublin City Council and community representatives.

The Joint Committee also received submissions from representatives of the community policing fora in Cabra, Blanchardstown,[3] the north east inner city and Rialto.

A report from Cabra presented to the Joint Committee detailed an intensive programme of local resident meetings and consultations with other stakeholders, organised in preparation for the establishment of a local community policing and estate management forum. The report also makes a number of recommendations to advance such a process, including: proposed terms of reference, aims and objectives, a schedule of meetings, and proposed membership of the forum.[4] Representatives of the Rialto Community Network referred to the Rialto Community Policing Forum, which has been suspended due to the absence of resources.

Among the concerns raised by local drugs task forces before the Committee were representation of the community and voluntary sector on the proposed Joint Policing Committees and the status of the existing policing fora. With regard to the latter, concerns were expressed about a provision in the Bill which necessitates the Garda Commissioner's consent for the establishment of local fora.[5] The Minister for Justice, Michael McDowell TD, explained the rationale behind this aspect of the Bill:

> The reason for the precondition of the Commissioner's consent is fora will have to be serviced. There is no point in having an unserviced forum. I do not want a scenario where attendance at fora becomes so onerous that when the Commissioner has his officers out from behind their desks, they spend their evenings debating local policing conditions all the time. He must have control.

However, Fergus McCabe, speaking in his capacity as a member of the Management Board of the North Inner City Community Policing Forum, stated his opposition to the provision:

> It is wrong that the Garda Síochána has a veto. In terms of the partnership approach, one of the good things about the north inner city has been the level of trust which has developed. Informing and consulting the community does not take away from the operational autonomy of Dublin City Council and the Garda, both of which still have statutory and legal responsibility for whatever they do. There is absolutely no need for that type of veto approach that is inimical to the partnership system.

In relation to the membership of Joint Policing Committees, the Oireachtas Committee recommended: 'That a transparent procedure should be put in place to facilitate the involvement of Community and Voluntary representatives' and, with regard to the local policing fora, 'The decision to establish local fora should be made by the Joint Policing Committee in consultation with the relevant Chief Superintendent.' *(Johnny Connolly)*

1. Department of Community, Rural and Gaeltacht Affairs (2001) *National Drugs Strategy 2001–2008.* Dublin: Stationery Office.
2. *Drugnet Ireland* Issue 8, June 2003.
3. *Drugnet Ireland* Issue 13, Spring 2005. See also Connolly J (2004) *Developing integrated policing – towards the Blanchardstown Community Policing Forum.* Dublin: Blanchardstown Drugs Task Force.
4. Cabra Community Policing Forum (2004) *Report 2003–2004.* Dublin: Finglas/Cabra Local Drugs Task Force.
5. As per s32 (2) (d), the Joint Policing Committee can 'with the Garda Commissioner's consent, establish, as the committee considers necessary within specific neighbourhoods of the area, local policing fora to discuss and make recommendations to the committee concerning the matters referred to in paragraph (a) as they affect their neighbourhoods.'

The report and recommendations of the Joint Committee are available on the Oireachtas website at www.oireachtas.ie

Arrest referral in the north inner city

The main aim of arrest referral schemes is to provide information to arrestees about appropriate services and to facilitate referral to treatment at the primary points of entry into the criminal justice system, usually the police station. Arrest referral is an early intervention aimed at people who have been arrested and whose offence may be linked to drug use. Such policies are premised on the idea that treatment will lead to a reduction or cessation of illicit drug use and will thus reduce or negate further drug-related offending by the drug user. UK research suggest that for every Stg£1 spent on treatment, Stg£3 is saved on the cost of law enforcement.

From left: Mel MacGiobúin (North Inner City Drugs Task Force Coordinator), Michael Feehan (Chief Superintendent, Dublin North Central Division), Noel Ahern TD (Minister of State with responsibility for National Drugs Strategy), Al McHugh (Assistant Commissioner, Dublin Metropolitan Region).

Juvenile arrest referral schemes are consistent with the principles outlined in the Children Act, 2001, which emphasises prevention and the diversion of young offenders from prosecution. Action 13 of the National Drugs Strategy 2001–2008 obliges An Garda Síochána 'To monitor the efficacy of the existing arrest referral schemes and expand them, as appropriate'. Action 19 promotes such early intervention approaches to problem drug use: 'Incidences of early use of alcohol or drugs by young people coming to Garda attention to be followed up by the Community Police and/or the health and social services, in order that problem drug misuse may be diagnosed/halted early on through appropriate early intervention'.[1]

A summary report published by the North Inner City Drugs Task Force and funded by the Department of Justice, Equality and Law Reform on a pilot arrest referral scheme in Dublin's north inner city was launched in April by Noel Ahern TD, Minister of State with responsibility for the National Drugs Strategy.[2]

The report considers best practice approaches in the UK, where significant progress has been achieved in introducing arrest referral schemes. As part of the UK's Drugs Intervention Programme, Stg£20million has been made available to fund arrest referral programmes. All police forces in England and Wales operate proactive arrest referral schemes. The report also considers an arrest referral scheme in operation at Gransha Hospital in Derry, the Derry Arrest Referral Team (DART) Alcohol/Drugs Service, and outlines three different arrest referral intervention models. The *information-giving model* provides information such as leaflets on treatment, but there is no advice, counselling or follow-up; the *incentive or coercive model* involves cautioning an arrestee to seek advice from a drugs worker or postponing a cautioning decision pending attendance by the arrestee at a drug service; and the *proactive model* involves specialist arrest referral workers based in the police stations or on call. These workers proactively contact and assess drug-using arrestees and refer them to treatment as appropriate. Approximately 400 arrest referral workers are employed through these schemes in the UK.

The north inner city pilot scheme involves co-operation between the outreach services of the Health Service Executive Northern Area, An Garda Síochána North Central Division and the local drugs task force. Participation in the scheme is completely voluntary for arrestees and does not interfere with the normal processing of the criminal justice system. The initial take-up of the scheme has been low. The report provides data for juveniles arrested in the North Central Division stations of Store Street, Mountjoy, Bridewell and Fitzgibbon Street between May and September 2003. Of the 214 arrestees, 167 were male. Only 14 (6.5%) of these arrests were made under the Misuse of Drugs Act (MDA) 1977.

The take-up rate for the scheme is reported as 'quite low' with only a small number of individuals referred to the health services. The report acknowledges that many young arrestees will not see their drug use as problematic but rather as 'dabbling' or 'recreational' and will therefore not seek help. Also, the low number of MDA-related arrests leads the authors to question whether the scheme should be broadened to all juvenile arrestees, 'regardless of their offence within appropriate qualifications'.[2]

Arrest referral is an early intervention aimed at people who have been arrested and whose offence may be linked to drug use.

Arrest referral in the north inner city *(continued)*

The report acknowledges that many young arrestees will not see their drug use as problematic but rather as 'dabbling' or 'recreational' and will therefore not seek help.

Table 1 The number (%) of cases reported to the National Drug Treatment Reporting System who were referred by police, probation or court

	1998	1999	2000	2001	2002
Police, probation, court	518 (8.8)	427 (7.1)	439 (6.5)	480 (6.4)	598 (7.4)
Total cases[1]	5862	5993	6754	7532	8116

1 Cases in which the referral source was recorded.
Source: Unpublished data from the National Drug Treatment Reporting System, Health Research Board

The low take-up rate of the scheme is consistent with data provided by the National Drug Treatment Reporting System. Table 1 shows the number and percentage of cases reported to the National Drug Treatment Reporting System by court, probation or police. As can be seen, the proportion of cases referred from these criminal justice agencies is low and has remained relatively unchanged between 1998 and 2002. The low take-up rate in the Dublin scheme is consistent with findings from other such schemes in their early stages. Referrals in the Derry scheme increased from 85 in 2001 to 249 in 2003. Similarly, as the pilot becomes increasingly established in the north inner city, the gardaí report that the number of referrals is also growing.

The primary recommendation of the report is that the pilot phase of the scheme should be extended, with additional resources in terms of staff, programme development and monitoring. *(Johnny Connolly)*

1. Department of Tourism, Sport and Recreation (2001) *Building on experience: National Drugs Strategy 2001–2008.* Dublin: Stationery Office.

2. North Inner City Drugs Task Force (2005) *Changing track: a study informing a juvenile arrest referral pilot in the North Inner City.* Dublin: North Inner City Drugs Task Force.

Copies of the summary report can be obtained from the North Inner City Drugs Task Force at nicdtf@iol.ie or from the National Documentation Centre on Drug Use at www.hrb.ie/ndc

Community groups carry out research on local drug issues

In the last issue of *Drugnet Ireland* we covered two of the four published reports from the Community/Voluntary Sector Research Grant Scheme operated by the National Advisory Committee on Drugs. This grant supported research aimed to:

- promote a better understanding of drug-related issues in communities
- boost the research capacity of the community/voluntary sector and consequently, their capacity to influence policy and the planning of services
- facilitate liaison between community/voluntary organisations, service planners and service providers to optimise the development of needs based policies and services

In this issue we cover the remaining two reports, namely

- **Ballymun Youth Action Project:** Benzodiazepines – whose little helper? The role of benzodiazepines in the development of substance misuse problems in Ballymun
- **Merchants Quay Ireland:** Drug use among new communities in Ireland. An exploratory study

Benzodiazepines – whose little helper?

The Ballymun Youth Action Project explored the use and misuse of benzodiazepines in Ballymun between 2003 and 2004 using a combination of qualitative and quantitative techniques.[1]

The study employed three methods:

- Focus groups
- Interviews with key informants
- Retrospective survey of dispensing practices.

A combination of community workers and the research team moderated and analysed the findings of a number of focus groups comprising:

- Adults prescribed benzodiazepines;
- Problem drug users who may or may not use benzodiazepines;
- Treated problem drug users who no longer used benzodiazepines;
- Young drug users who may or may not use benzodiazepines;
- Members of the community and voluntary organisations that address the consequences of benzodiazepine use.

Community groups carry out research *(continued)*

The main findings from the focus groups and two key interviews were:

- The majority of participants first observed benzodiazepine use in their homes.
- Benzodiazepine use occurs among all age groups, from the young to the elderly.
- More women than men use benzodiazepines.
- Reasons for therapeutic use of benzodiazepines were: to treat anxiety and depression, to help sleep, and to assist people to cope with a variety of situations, including bereavement.
- The reasons for non-therapeutic use were: to get a desired chemical effect, to enhance the effect of some drugs (such as heroin) and to reduce the effects of stimulants (such as ecstasy and cocaine).
- Benzodiazepines were commonly used in combination with other drugs.
- Prescribing practices of doctors contribute to the problem as many people had been receiving scripts for years.
- Large supplies of illicit benzodiazepines were available for purchase in the area, of which the majority were acquired from repeat prescriptions.
- Another source of benzodiazepines was bartering or sharing between residents.
- Benzodiazepine prescribing was linked to methadone maintenance treatment.
- The process of benzodiazepine detoxification was difficult and its success rate was very low.
- There was a lack of factual information about the long-term effects of benzodiazepines.
- The problems associated with benzodiazepine use were dependence, impaired mental functioning, negative effects when consumed with alcohol and extreme actions that were opposite to the desired effect.

The following are the findings from a retrospective survey of dispensing patterns in a limited number of community pharmacies in Ballymun over four separate one-week periods between December 2000 and July 2002:

- There were 751 instances of tablet dispensing included in the study.
- Almost 90 per cent of the prescriptions were issued under the General Medical Services scheme.
- Over 40 doctors prescribed benzodiazepines during the study period, but 77 per cent of the prescriptions were written by four doctors.
- Just under 63 per cent of the prescriptions examined were for diazepam and almost 23 per cent were for flurazepam.
- Almost 66 per cent of the prescriptions were dispensed to women.
- The type of benzodiazepine prescribed was associated with gender. A higher proportion of men received flurazepam than women, while the opposite was the case with temazepam.
- Almost two-fifths of the population were first dispensed benzodiazepines over five years ago.

A key informant interviewed a number of medical practitioners (either face-to-face or by phone) to explore medical perspectives of benzodiazepines and the findings reveal that:

- Addressing benzodiazepine misuse must be considered in the context of the social and economic environment and a medical approach on its own will not address the problem.
- There are different medical approaches to managing benzodiazepine use. These are: abstinence, a short-term prescription followed by detoxification and long-term maintenance.
- The review of repeat prescribing is hampered by the immediate requirements of the local population, the potential workload, and the possible dangers associated with detoxification.
- In instances of shared care between two medical practitioners, clients may conceal the fact that they have received benzodiazepine prescriptions from the other practitioner.
- Clients may present alcohol dependence as anxiety or depression to the medical practitioner so as to obtain a benzodiazepine prescription.

In conclusion, the authors recommend that the root social and economic causes must be addressed. The management of benzodiazepine dependence requires a multi-faceted approach including psychological and social services rather than an approach directed by doctors only.
(Jean Long and Ena Lynn)

1. Ballymun Youth Action Project (2004) *Benzodiazepines – whose little helper? The role of benzodiazepines in the development of substance misuse problems in Ballymun.* Dublin: National Advisory Committee on Drugs.

Among the study findings: large supplies of illicit benzodiazepines were available for purchase in the area, of which the majority were acquired from repeat prescriptions.

Drug use among new communities in Ireland: an exploratory study

This research was carried out by Merchants Quay Ireland (MQI) and aimed to develop an in-depth understanding of problematic drug use among new communities in Ireland.[1]

Data collection methods
Three members from new communities (a Russian, a Romanian and a Nigerian) were recruited and trained in ethnographic fieldwork techniques. The recruits then carried out 280 hours of fieldwork, which included observing drug users in their own social setting and recording informal discussions with drug users and key informants in a daily diary. Fieldwork included semi-structured in-depth interviews with 10 individuals from new communities who identified themselves as

Community groups carry out research *(continued)*

problematic drug users. Six interviewees were from Africa, three from the former USSR and one from Central/Eastern Europe. In addition, two focus groups were conducted by the Merchants Quay research unit: one with individuals working with new communities in Ireland and one with drug service providers.

Younger members of new communities were reported to use drugs as a means of mixing with and gaining acceptance from Irish peer groups, mainly in recreational settings such as clubs.

Patterns of drug use among new communities
Seven interviewees reported heroin and three reported cocaine as their respective drugs of choice. Five interviewees reported injecting heroin but the sharing of injecting equipment was not prevalent. There were also reports of drug injecting taking place among individuals from Russia, Estonia and Pakistan. It was reported that injecting practices were uncommon among individuals from Africa, who tended to smoke heroin. Some members of the Somali community were reported to be using Khat, a chewable green leaf stimulant, while some members of the Russian community were reported to make a special porridge called Kasha, laced with cannabis.

Factors influencing drug use
Interviewees and drug users encountered during the fieldwork cited escape from their current situation as a reason for continuing or initiating drug use. Their current experiences included feeling excluded, isolated and fearful of state authorities. Some reported using drugs to escape episodes of post-traumatic stress disorder arising from their experiences of war and torture prior to arriving in Ireland. Four interviewees had no history of problematic drug use prior to arriving in Ireland while one had ceased using drugs for 10 years and had restarted in Ireland. Younger members of new communities were reported to use drugs as a means of mixing with and gaining acceptance from Irish peer groups, mainly in recreational settings such as clubs.

As the fieldworkers found, drug users from new communities were particularly difficult to reach, and drug treatment services had practically no knowledge on drug use in new communities.

Ethnicity, drug use and social exclusion
Issues of social exclusion were particularly prominent among the interviewees. Seven were staying in emergency accommodation hostels; two were staying with friends and one in private rented accommodation. Eight interviewees were unemployed and two in full-time employment. Four were seeking asylum, four were undocumented immigrants, one was documented as a labour migrant and one had refugee status.

Barriers to accessing drug services
The majority of interviewees (7) expressed an interest in accessing treatment for their drug use but highlighted a number of barriers that prevented their engaging with services. For example:

- There was scant knowledge of methadone maintenance programmes among interviewees, and some were persuaded by their Irish peers to treat methadone with skepticism as it was perceived to be as addictive as heroin.
- Those with knowledge of methadone maintenance reported waiting lists and the assessment procedure as discouraging barriers.
- Many associated treatment with abstinence and were unaware of harm reduction approaches (only two used a needle exchange in Ireland).
- Promotional material on treatment services was rarely available in the appropriate language.
- Some felt uncomfortable with the idea of 'group therapy' where the majority of participants were Irish.
- Treatment options were poor, and few addressed cocaine problems.
- Finally, fear of being stigmatised by drug workers and fear of services reporting a client's drug use to the state authorities were reported as significant barriers.

This research clearly demonstrates the challenge facing drug treatment services in the years to come. As the fieldworkers found, drug users from new communities were particularly difficult to reach, and drug treatment services had practically no knowledge on drug use in new communities. Only one female drug user from a new community could be interviewed, raising the question of how to reach female drug users in new communities. In addition, it would appear that drug users from new communities come to Ireland from countries with little awareness of harm reduction techniques, therefore the likelihood of their using needle exchange or low-threshold services is remote. However, the research concludes with some timely recommendations on how to make drug services more accessible to drug users from new communities. For example:

- Drug services need to produce culturally sensitive material in different languages.
- A drugs outreach team should be set up in Dublin to target drug users from new communities, using peer-based approaches.
- Outreach teams should make contact with female drug users from new communities at general health promotion and maternity agencies.
- Drug services should specifically target stimulant users.
- Drug services should recruit staff from new communities.
- Anti-racist training should be provided to staff and clients in drug services.
- Drug services and the National Drug Treatment Reporting System (NDTRS) should include the collection of ethnic-specific data.

(Martin Keane)

1. Merchants Quay Ireland (2004) *Drug use among new communities in Ireland: an exploratory study.* Dublin: National Advisory Committee on Drugs.

Sixth Annual Service of Commemoration and Hope

Ms Sadie Grace, on behalf of the Citywide Family Support Network, welcomed a large audience to Our Lady of Lourdes Church in Ballymun on 1 February 2005 for the Sixth Annual Service of Commemoration and Hope.

In the course of the evening, much emphasis was given to the current inadequate recording of drug-related-deaths in Ireland. The audience heard that, following the first commemoration service in 2000, Dr Joe Barry, medical advisor to the National Drugs Strategy Team had, with the co-operation of parents, looked at the death certificates of young people who had died from drug-related causes. It was found that many of the drug-related deaths were recorded as death due to misadventure.

A representative group investigated the possibility of establishing an index to record drug-related deaths, and in 2003 this group submitted a proposal to the government. The group consisted of representatives from Citywide Family Support Network, Citywide Drugs Crisis Campaign, Department of Health and Children, Department of Justice and Dr Joe Barry. Ms Grace announced at the commemoration service that the group had just received word that funding had been sanctioned to establish this index.

Minister Noel Ahern TD complimented the ongoing work of the Network and supported the establishment of the drug-related deaths index. In his address, Bishop Eamon Walsh said that families are being neglected; he supported the Network's call for a fifth pillar to be added to the National Drugs Strategy, to deal with issues concerning families affected by drug misuse.

During the service, family members representing support groups throughout Ireland, both North and South, and representatives from Glasgow, created a circle of support and hope. The musical talents of the Ballymun Gospel Choir and St Fergal's male choir made a powerful and moving contribution to the service. *(Ena Lynn)*

Contact for further information: Citywide Family Support Network, Tel: 01 8365090

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New EMCDDA Director

On 19 April 2005 Wolfgang Götz (Germany) was elected to the post of Director of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). He succeeds Georges Estievenart (France), whose mandate as Director came to an end on 31 December 2004 and who headed the agency since July 1994.

Commenting upon his appointment, Mr Götz said 'Among my top priorities will be to safeguard and enhance the scientific quality of our outputs, demonstrate scientific independence and boost our reputation as the European centre of excellence in the drug information field. … Sound information is the key to an effective strategy on drugs.'

The role of the EMCDDA is to provide the Community and its member states with objective, reliable and comparable information at European level on drugs and drug addiction and their consequences. It carries out this role in collaboration with Focal Points (research centres) in each member state. The Irish Focal Point is the Drug Misuse Research Division of the Health Research Board.

Mr Götz joined the EMCDDA in 1996 and from 2001 he was responsible for 'Reitox and Enlargement', where he played a central role with member states in co-ordinating EMCDDA data-collection processes and preparing the agency for the entry of ten new countries in 2004.

The Drug Misuse Research Division wishes Mr Götz every success in his new post as Director. *(Hamish Sinclair)*

The 16th International Conference on the Reduction of Drug Related Harm

The 16th International Conference on the Reduction of Drug Related Harm was held in Belfast, Northern Ireland, between 20 and 24 March 2005. This year the conference programme was widened to include sessions on alcohol and tobacco as well as on issues that typically form the core of International Harm Reduction Association conferences. The timetable for the conference was organised around ten themes: law enforcement and harm reduction; prisons; services and treatment; drugs and injecting; harm reduction practice; non-opiate drugs; social context and policy responses; HIV/AIDS and hepatitis C; young people and education; and harm reduction philosophies and practice. The themed approach allowed participants to follow areas of interest from among the 84 sessions held over four and a half days. *(Jean Long)*

Monitoring new trends in drug use

Increasingly, policy makers, service planners, practitioners and others working in the drugs area have need of information systems that are sensitive enough to detect and track changes in drug use at a very early stage in their development. One potential source of data on emerging drug trends is drug helplines.

Since the beginning of 2001 the European Foundation of Drug Helplines (FESAT) has been collecting information every six months on the type of persons contacting FESAT helplines, the content of these calls and how this has changed compared to the previous six months. The main objective of this FESAT monitoring project is to identify new drugs and new drug trends as early as possible.

In March 2005 FESAT published the results of their eighth data collection, covering the first six months of 2004.[1] A total of 26 FESAT helplines in 16 European countries, including Ireland, participated in the eighth monitoring project. This article will describe some of the main changes that were reported by the helplines during the first half of 2004.

Information for the eighth monitoring project was collected from FESAT helplines using a standard questionnaire distributed in November 2004. Out of a total of 41 relevant helplines, 26 (63% response rate) returned completed questionnaires. These helplines were based in the following countries: Austria (3 helplines), Belgium (2), Cyprus (1), Czech Republic (1), Finland (2), Germany (2), Greece (3), Ireland (1), Italy (2), Latvia (1), Luxembourg (1), the Netherlands (2), Portugal (1), Russia (1), Spain (2) and the United Kingdom (1). The participating Irish helpline was the Drugs/HIV Helpline, based in Dublin.
The average number of telephone calls per day to these helplines varied widely, from less than one to 166 calls per day. The median was 15 daily calls. The Irish Drugs/HIV Helpline handled an average of 16 calls per day in the first half of 2004, up from 14 per day in the last half of 2003. The category of drug users for which the largest number of helplines reported an increased number of contacts compared to the situation six months ago was that of drug-using women aged 20–25 years. This was reported by nearly a third of the helplines (8 out of 26). In terms of the content of the calls, 10 helplines indicated an increased number of calls about cocaine. Three of these described this as a 'large increase' compared to the situation six months ago. An increase in the number of contacts about alcohol was also reported by 11 helplines. Interestingly, there was a decrease in the number of contacts about injecting heroin and ecstasy reported by six helplines each. Three helplines reported calls about new drugs (i.e. drugs not previously reported by the helpline). These were 'Absint' in Belgium, 'Oxanest' in Finland, and 'Ayahuasca' in Portugal.

In summarising the findings, the FESAT report notes that an increased number of calls about a specific drug, that is not a part of a more general trend, cannot automatically be seen as an indicator of increased consumption. It might also indicate an increased curiosity or an increased concern among professionals, parents or partners. The report also acknowledges that it is not possible to get a clear picture about changes in the use of different drugs via data from drug helplines only. Hence, it is important to see the FESAT monitoring system as a complement to other kinds of data collected nationally or internationally.

According to the recently published *Drugs/HIV Helpline Report,* the drugs about which most calls were made to the helpline in 2004 were cannabis (740 calls), cocaine (427 calls) and heroin (417 calls).[2] This was the first year that there were more calls about cocaine than heroin. Calls related to cocaine and its use with alcohol increased in 2004 compared with previous years. Of the 427 calls related to cocaine, 100 (23%) concerned its combination with alcohol. In 2003, 347 calls related to cocaine were received, 38 (11%) of which were identified as being in combination with alcohol. *(Hamish Sinclair)*

According to the recently published *Drugs/HIV Helpline Report,* the drugs about which most calls were made to the helpline in 2004 were cannabis (740 calls), cocaine (427 calls) and heroin (417 calls).

1. Hibell B (2005) *FESAT Monitoring Project –– Changes during the first half of 2004.* FESAT (The European Foundation of Drug Helplines). www.fesat.org

2. Drugs/HIV Helpline (2005). *Drugs/HIV Helpline Report.* Dublin: Drugs/HIV Helpline.

More information about FESAT can be found on the European Foundation of Drug Helplines at www.fesat.org

The Drugs/HIV Helpline in Ireland is a confidential, freephone, active listening service offering non-directive support, information, guidance and referral to anyone with a question related to substance use or HIV and sexual health. Set up in July 1997, the service is funded and managed by the Health Service Executive South Western Area on behalf of the HSE South Western, East Coast and Northern Areas. The freephone number is 1800 459 459. The Helpline manager is Aileen Dooley. Ms Dooley's assistance in writing this article is gratefully acknowledged.

Management of Drug Users in the Primary Care Setting

Conference held on 12 March 2005

From left: Dr Conor Farren (Consultant Psychiatrist), speaker, Dr Finbarr Corkery (President ICGP), Dr Ide Delargy (Project Director of ICGP Substance Misuse Project, speaker, (Prof Colin Bradley (Professor of General Practice, UCC). Photo courtesy ICGP

Among the topics presented at this conference were: management of benzodiazepine use, drug-related deaths, and buprenorphine treatment. In his welcoming address Dr Finbarr Corkery, President of the Irish College of General Practitioners, reiterated the fact that buprenorphine is now licensed for use in primary health care settings in Ireland.

Benzodiazepine use

Prof Colin Bradley, Professor of General Practice at UCC, presented a review of benzodiazepine prescribing in general practice. He said that benzodiazepines are difficult to use safely and are prone to inducing dependence. Analysis of General Medical Service (GMS) scheme data shows that benzodiazepines were prescribed for 10 per cent of the GMS population in 2000.[1] Prof Bradley stated that the Benzodiazepine Commission Report provides guidelines on good prescribing practice and protocols for withdrawing patients from these drugs. International studies have demonstrated that writing to patients and inviting them to reduce their benzodiazepine use, with or without brief interventions, has proven surprisingly effective in reducing benzodiazepine consumption in some patients. More challenging cases require tapering doses with or without cognitive behaviour therapy.

Dr Conor Farren, Consultant Psychiatrist at St Patrick's Hospital, outlined the co-abuse of benzodiazepines in opiate users and the strategies for management. Both opiates and benzodiazepines are highly addictive and cause sedation and respiratory depression. There is a synergistic interaction between the systems linked to opiate and benzodiazepine use and a combination of use may cause increased side effects. Dr Farren stated that first switching to long-acting benzodiazepines (such as diazepam), and then commencing tapered doses is probably the most effective benzodiazepine treatment strategy.

Drug-related deaths

Dr Jean Long presented on the epidemiology of drug-related deaths in Ireland from 1990 to 2002. She stated that, at present, it is difficult to ascertain the exact number of deaths among drug users in Ireland. The best estimate for Dublin ranges from 60 to 90 deaths per year. However,

the Family Support Network at Citywide has indicated to the National Drugs Strategy Team that these figures underestimate the extent of the problem. Dr Long outlined the risk profile and risk factors for drug-related deaths in Ireland:

- More men than women die; however, there has been an increase in the number of female deaths.
- The risk of mortality increases with age.
- Most deaths occur in Dublin, but there is a steady increase in the number of deaths outside Dublin
- Time periods on entry to or exit from prison have a higher risk than other time periods.
- The highest proportion of deaths is among opiate users.
- Those who use a combination of substances are more likely to die.
- Injecting drug use is associated with infection and overdose.

Dr Long concluded by stating that deaths among drug users are not systematically documented and their numbers are likely to be underestimated; therefore, the introduction of the National Drug-Related Deaths Index will be very welcome.

Dr Neil O'Brien from the toxicology laboratory in Beaumount Hospital outlined the recent trends in post-mortem toxicology. From a study of 679 cases, 312 (46%) had either drugs or alcohol detected at post-mortem.

Buprenorphine

Dr Nicholas Lintzeris, Senior Lecturer in Psychiatry at Maudsley Hospital, London, presented the evidence base for effective use of buprenorphine:

- Buprenorphine offers an effective alternative to methadone.
- Buprenorphine binds tightly to opiate receptors and blocks the effects of other opiates, therefore reducing heroin use.
- Buprenorphine is well suited to primary care settings and comprehensive clinical guidelines are available.
- Buprenorphine may become the 'gold standard' for detoxification from opiates.

Analysis of General Medical Service (GMS) scheme data shows that benzodiazepines were prescribed for 10 per cent of the GMS population in 2000.

Dr Long concluded by stating that deaths among drug users are not systematically documented and their numbers are likely to be underestimated; therefore, the introduction of the National Drug-Related Deaths Index will be very welcome.

Management of Drug Users in the Primary Care Setting *(continued)*

- Treatment with either buprenorphine or methadone must be tailored to suit the individual client as each drug has its advantages and disadvantages.

Dr Tom Gilhooly followed with a presentation on his practical clinical experiences with buprenorphine in a drug crisis clinic in Glasgow. In summary, he has found that:

- There is little use of buprenorphine in Scotland.
- His experience with inpatients has been very helpful.
- Patients treated with buprenorphine have longer opiate-free intervals.
- Buprenorphine has been useful in treating codeine dependency.

Dr Ide Delargy, Director of the ICGP Drug Misuse Programme, speaking about the success of the conference, said: 'I am delighted to see so many delegates, from so many backgrounds, in attendance today at this our sixth conference on the management of drug users. The feedback regarding all of today's presentations has been very positive.' *(Ena Lynn)*

1. Department of Health and Children (2002) *Report of the Benzodiazepine Committee.* Dublin: Stationery Office.

The full text of presentations made to the conference is available on the ICGP website at www.icgp.ie

National Documentation Centre

Through its work with researchers, and the range of valuable information resources it maintains, the National Documentation Centre on Drug Use (NDC) makes an important contribution to the development of knowledge about drug issues. Over the next few issues of *Drugnet Ireland* we will be highlighting some of these resources, which are available to everyone either online or in the NDC library.

In this issue we will be looking at:

- Online databases
- NDC news service

Online databases in the National Documentation Centre

The NDC subscribes to a number of online bibliographic databases. Visitors to the NDC library can search these databases with the assistance of NDC staff. Bibliographic databases are essential to any researcher wishing to undertake a comprehensive literature review or identify pertinent works in a specific area of study.

Web of Science databases
The Web of Science comprises three separate databases that can be searched independently or in combination. These databases provide access to current and retrospective bibliographic information, author abstracts, and cited references found in approximately 8,700 journals.

A unique aspect of the Web of Science is that it allows cited reference searching. It is possible to navigate through the literature, to identify works which have been cited in a particular article, and to assess the impact of the article by identifying those works which have cited it. The user can search across all disciplines to identify all the information relevant to their research, no matter when it was published. The three Web of Science databases are:

- The Science Citation Index covers over 5,800 journals and is updated by more than 17,000 new records every week.
- The Social Sciences Citation Index covers over 1,700 journals and is updated by 2,000 new records every week.
- The Arts & Humanities Index covers over 1,100 journals and is updated by 2,300 new records every week.

PsycINFO
PsycINFO is a bibliographic database that provides abstracts and citations to literature in the behavioural science and mental health fields. It includes materials in the fields of psychiatry, psychology, social science, law and medicine, as well as addiction and drug use. PsycINFO is published by the American Psychological Association and the database is made available to the NDC through the Ovid platform. This is a platform that is widely used by health information professionals to access databases of relevance to their work and is easy to use and attractive.

There are over two million records – bibliographic details and abstracts – on PsyINFO, with more that

National Documentation Centre *(continued)*

100,000 new records added each year. The database covers 2,000 titles, 98 per cent of which are peer-reviewed journals. PyscINFO also includes chapters of books and dissertations selected from Dissertations Abstracts International. A new edition of PsycINFO will be launched this summer. It will make searching easier and more intuitive. Another important feature is Links@Ovid which allows the searcher to move directly from the bibliographic record to the full text of the article, if these articles are in journals to which the NDC subscribes or are in open access journals.

Addiction Abstracts

Addiction Abstracts is published in both serial and database format. The serial is published quarterly and contains citations and abstracts from around 60 core journals specialising in the addiction and substance use fields. It regularly scans around 100 other journals in the broader health, education psychology and social science fields. The contents of the current and all back issues of Addiction Abstracts are available on the database.

NDC News Service

The NDC News service comprises a listing of news stories, notifications of new publications, and Dáil debates. It is updated daily.

News stories

Every day NDC staff scan news stories in national, local and specialist press, online news sites and other media to identify topical stories to include in the news listing. Each item in the listing contains a summary of the story and information on its source. The most recent stories are added to the home page of the NDC website and all stories are held in an archive, from where they can be retrieved using subject headings. There are now 1,800 items in the news archive going back to early 2002.

New Publications

The News section of the NDC website also highlights new publications of interest to people working in the drugs area. The notification includes a link to a copy of the report, if the publishers have made an electronic copy available.

Dáil debates

The News section also contains selected content from current Dáil debates. Speeches, written answers and other discussions dealing primarily with the drugs issue are added in full text to the News section every two weeks when the Dáil is in session.

A selection of these news items is included in the NDC's monthly electronic newsletter. You can sign up to receive this newsletter on the News page of the website.

For further information on these resources, or to make a query on drugs-related topics, plesae contact the National Documentation Centre on Drug Use, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: 01 676 1176; Email: ndc@hrb.ie or visit the website at www.ndc.hrb.ie.

If you would like to arrange a group visit to the NDC, or if you would like a member of the NDC staff to talk to your class or organisation, please contact us. *(Brian Galvin and Louise Farragher)*

The National Documentation Centre on Drug Use is funded by the Department of Community, Rural and Gaeltacht Affairs under the National Development Plan 2000–2006.

Damien Walshe

In April Damien Walshe left the National Documentation Centre to take up a new position with the Irish Traveller Movement. Damien made a significant contribution to the development of resources and services during his two years with the NDC, particularly in the area of promotion. Damien's loquacious, witty and polymathic approach to his work endeared him to all staff in the HRB. We wish him well in his future career.

In brief

On 5 February 2005 the **Proceeds of Crime (Amendment) Act 2005** was signed into law. Among other things, it extends and strengthens the offshore powers of the Criminal Assets Bureau (CAB) in relation to the assets of drug dealers. Motions in both Houses of the Oireachtas to include in the Bill a provision for ring-fencing the proceeds of drug-related crimes for use in communities subject to the effects of drug-related crime were defeated. www.oireachtas.ie

On 7 February 2005 the **Lord Mayor's Commission on Crime and Policing** in Dublin was released. Based on submissions received from Dubliners and on the results of up to 40 focus group meetings, the report discusses public perceptions of the role of drugs in relation to crime, and makes recommendations for enhancing responses both by the Gardaí and public bodies and communities to a range of issues including the drugs issue. www.dublincity.ie

On 17 February 2005 the **Review of the National Health Promotion Strategy 2004** was launched. With respect to the health-promotion topic 'Avoiding drug misuse', the review identified a need to review training in relation to the Drugs Questions–Local Answers (DQLA) and Family Communication and Self-Esteem (FCSE) programmes and develop a monitoring system, and a need to support the work of the regional drugs task forces. www.healthpromotion.ie

On 28 February 2005 **Social Inclusion is Everyone's Business,** a socio-economic and demographic study of Dublin City, was launched. Accompanying the six reports is a plan outlining an integrated, multi-agency approach to combating social exclusion among the homeless, Travellers, lone parents, children at risk (aged 4–10), and disadvantaged children and youth from newborn to 18 years. www.dublin.ie

In February 2005 the results of a study on the **Criteria applied by the Courts in Sentencing under s. 15A of the Misuse of Drugs Act 1977** were released by the Department of Justice, Equality and Law Reform. The study concluded that s.15A had operated reasonably successfully. There was evidence of a high rate of pleas, co-operation by accused persons with Gardaí in investigating offences, and quite severe sentences even where the mandatory minimum sentence had not been imposed, with most being between six and eight years. www.justice.ie

In February 2005 **EURAD** published Issue 1 of its electronic newsletter. www.eurad.net

On 4 March 2005 the **British–Irish Council** hosted a sectoral meeting in Cardiff on the topic of drug-related deaths. www.britishirishcouncil.org <http://www.britishirishcouncil

Between 7 and 14 March 2005 the UN's **Commission on Narcotic Drugs (CND)** held its 48th Session in Vienna. The purpose of the session was to review progress since UNGASS 1998 (the 20th special session of the UN General Assembly that adopted three action-oriented resolutions on drugs, which represented a 10-year action plan 1998–2008) and to determine further work to be done. In the course of the Session, and activities organised by the NGO sector, for example the **Senlis Council** and the **Transnational Institute,** the issue of drug-related harm-reduction – its scope and relation to the UN Conventions – was widely debated. www.cnd.org / www.drug-policy.org / www.tni.org

On 19 March 2005 **Dáil na nÓg 2005** took place in Croke Park, Dublin. With regard to alcohol and drug misuse, delegates highlighted the need for specialised training for Gardaí on youth issues, more funding for youth-related activities, and drug and alcohol awareness to be started in 4th class in primary school. The Dáil's report was to be presented to the Cabinet Committee on Children. www.dailnanog.ie

On 29 March 2005 the **National Drugs Strategy Progress Report 2001–2004** was launched. The report outlines the background to the Strategy; the nature and extent of drug misuse in Ireland; progress on actions under the four pillars; progress on other drug-related initiatives; and future developments. www.pobail.ie

In March 2005 the **Pharmaceutical Society of Ireland (PSI)** launched its new website. The web site carries a discussion document on the problem of over-the-counter (OTC) medicine and codeine product misuse and abuse. www.pharmaceuticalsociety.ie

On 14 April 2005 the **Irish Sports Council** published its 2004 Anti-Doping Annual Report. Of the 918 tests carried out in 2004, seven positive results were recorded, with five involving alcohol, cannabis or cocaine. None of the athletes are named in the report, but from January 2005, athletes testing positive for recreational drug use will be named 20 days after their disciplinary process has ended. www.irishsportscouncil.ie

On 21 April 2005 the **Clondalkin Local Drugs Task Force,** represented by the trade union Impact, won an important test case in the Labour Court (CD/04/1312 Recommendation No. 18168). The Court recommended that employees of the Clondalkin LDTF should receive the benchmarking increases being paid to employees of the HSE. The employer had argued that it was not possible to negotiate on the increases due under benchmarking owing to a lack of funding from the Department of Community, Rural and Gaeltacht Affairs through the National Drugs Strategy Team. Moreover, no extra funding would be provided and if the increase were to be paid from existing funds, certain other important activities of the LDTF would have to cease. www.labourcourt.ie

On 21 April 2005 the **European Parliament** (Committee for Citizens' Freedom and Rights, Justice and Home Affairs) held a public hearing on the EU Drugs Action Plan 2005–2008. The aims of the hearing were (1) to establish to what extent the Action Plan would reduce the prevalence of drug use among the population and the social harm and health damage caused by the use of and trade in illicit drugs, and (2) to discuss the problems linked with drug trafficking. www.europarl.eu.int

(Compiled by Brigid Pike)

The EDDRA column

Welcome to the eleventh EDDRA (Exchange on Drug Demand Reduction Action) column. The aim of this column is to inform people about the EDDRA online database, which exists to provide information on good practice interventions to policy makers and those working in the drugs area across Europe, and to promote the role of evaluation in reducing demand for drugs. The database is co-ordinated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

In this issue the spotlight is on a recent Irish addition to the EDDRA database, the Certificate in Addiction Studies (NUI Maynooth) delivered by the Drug Awareness Programme, Crosscare. In recent years, there has been a notable increase in the numbers of people from the community and voluntary sectors working in drug prevention and treatment. The Addiction Studies course was designed to meet the needs of these groups who engage directly with substance users or their families. The course also caters for those working in the statutory sector, e.g. probation officers, teachers etc., who occasionally work with individuals and families for whom substance use is an issue.

The programme has three specific objectives:

- To provide participants with a broad overview of key theoretical frameworks and practical debates that arise in relation to substance misuse and dependency
- To enable participants to develop basic helping and intervention skills in the field of drug and alcohol misuse
- To provide a course of study and support that is in line with models of good practice in adult education.

The evaluation of the programme by Dr Mark Morgan[1] commenced in October 2003, when students completed a questionnaire on their expectations and experiences of the course thus far. The evaluator visited a number of classes and seminars during the academic year. A final questionnaire was administered to students at course completion and participants also took part in focus groups as the course neared its end. The evaluation focused primarily on establishing the extent to which the course (a) contributed to the professional needs of the community and voluntary sector, and particularly the participants, in terms of drug prevention, and (b) was guided by best practice in the field of adult learning.

Morgan concluded that feedback from the initial questionnaire provided reason for course organisers to be satisfied with their initial work.[1] Participants showed knowledge of what they could learn on the course and what they should learn, and were confident that they would be able to learn. They showed realistic expectations, were confident of the value of the course to their professional lives and were very positive about the personal and professional skills of tutors on the course.

Twenty students completed questionnaires at the end of the course. Students regarded most of the topics covered by the course as satisfactory; however, some students expressed dissatisfaction with the pharmacological perspective of the course. Students agreed that the course had enhanced their understanding of addiction and related issues and had improved their job prospects to some extent; they had gained insights into themselves and an understanding of adult learning. Seventy-five per cent of students rated as satisfactory the topics that were designed to develop their skills base, such as self-care and stress management, working with specific groups and working with young people. Thirteen students deemed the topic of motivational interviewing and brief solution-focused therapy as satisfactory.

The evaluation reported that the experiences of students on the course were extremely positive and compared favourably with those in other institutions of higher education. Features of note were: (a) competency of tutors and lecturers, (b) class run on model of real adult education, (c) high level of class discussion on major issues, reflecting the diverse backgrounds of participants, and (d) high level of trust within class and between class and tutors, evidenced by the readiness of people to disagree with their colleagues. The response of participants to the work of facilitators was extremely positive, with facilitators being graded very highly on approachability, competence, encouragement and accessibility.

Morgan concluded the evaluation by summing up the strengths of this programme:

> It is evident that the Certificate in Addiction Studies run by the Drug Awareness Programme has been an outstanding success. The participants in the course are carefully selected, highly motivated and eager to be involved in the course in accordance with a true adult learning methodology. The content of the course was well researched and the speakers for the various topics were extremely competent, encouraged participation and showed an enthusiasm for their modules in a way that was reflected in the very positive ratings. The assessment procedure was appropriate to the course and all of the students were positive about the benefit they derived from these. (Morgan 2004: 21-22)

This valuable work carried out by Crosscare is in part response to Action 72 of the National Drugs Strategy 2001–2008 calling on professional bodies and training institutes to make specialist drug

'The participants in the course are carefully selected, highly motivated and eager to be involved in the course in accordance with a true adult learning methodology.'

The EDDRA column *(continued)*

prevention training available to individuals interacting with groups most at risk of drug misuse. Crosscare is one of the few voluntary bodies to have responded to this action. *(Martin Keane)*

1. Morgan, M (2004) *Evaluation of Certificate in Addiction Studies (NUI Maynooth).* Dublin: Crosscare, Drugs Awareness Programme.

A copy of Dr Morgan's evaluation can be downloaded from the Drug Awareness Programme website at www.dap.ie

More information about the EDDRA database can be obtained from the EMCDDA website at www.emcdda.eu.int , or from the EDDRA Manager for Ireland, Martin Keane, at the Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: 01 676 1176 Ext.169 or Email: mkeane@hrb.ie

If you would like to contribute to the knowledge base of good practice interventions by adding your own particular project to the EDDRA database, please contact the EDDRA Manager for Ireland at the above address.

From *Drugnet Europe*

Benzodiazepine use among clients in drug treatment

Cited from Linda Montanari and Iñaki Markez, Drugnet Europe *No. 50, April–June 2005*

Currently only a small proportion of Europeans seeking help for drug problems in specialised drug treatment centres do so for benzodiazepine use alone. In 2003, despite differences between countries, the overall proportion of clients in drug treatment who reported a primary benzodiazepine use problem did not exceed 11%, a figure that has remained stable over the last 10 years.

Treatment clients reporting benzodiazepines as their primary drug are similar in age to those reporting opiates as their primary drug (20–29 years). Both groups generally first experiment with these drugs before the age of 20 but they have different gender distributions. More women are present in the group of primary benzodiazepine users (male to female ratio = 1:1.2) compared with in the group of primary opiate users (male to female ratio = 3.8:1). On the whole, both groups use the drugs daily (82%) often taking them also as secondary substances in combination with alcohol and cannabis. Treatment data show benzodiazepines to be more prominent as a secondary drug in combination with opiates, particularly heroin. Between 40% and 90% of heroin users also consume benzodiazepines.

Evidence for action on needle and syringe programmes

Cited from 'Resources', Drugnet Europe *No. 50, April–June 2005*

The World Health Organisation (WHO) has recently published a comprehensive review on the effectiveness of sterile needle and syringe programming (NSP) in reducing HIV/AIDS among injecting drug users.

The report summarises the published literature and scientifically evaluates the results and effectiveness of studies on needle and syringe programmes. It examines the value of needle and syringe decontamination strategies and the sale and distribution of syringes through pharmacies and vending machines. It also addresses needle and syringe disposal and legislation regarding injecting paraphernalia. The report concludes, among others, that increasing the availability and utilisation of sterile injecting equipment by injecting drug users reduces HIV infection substantially.

WHO (2004) *Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users.* Evidence for Action Technical Papers. Geneva: World Health Organization. ISBN 92-4-159164-1.

The publication can be ordered from the WHO HIV Department hiv-aids@who.int or downloaded from the WHO website at www.who.int/hiv/pub/idu/pubidu/en

***Drugnet Europe* is the quarterly newsletter of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). An electronic version of *Drugnet Europe* is available on the EMCDDA website at www.emcdda.eu.int**

If you would like to receive a hard copy of the current or future issues of *Drugnet Europe*, please contact the Administrative Assistant, Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: 01 676 1176 Ext 127; Email dmrd@hrb.ie

Recent publications

Books

Drug abuse

Henderson H (Facts on File, Library in a Book Series) *Facts On File, Inc.* 2005
ISBN 0 8160 4858 4

The 'war on drugs' has raised many questions about the nature of the threat, the best ways to respond, and even whether the chosen tactics might be doing more harm than good. *Drug abuse* explores all aspects of the complex issues raised by these questions.

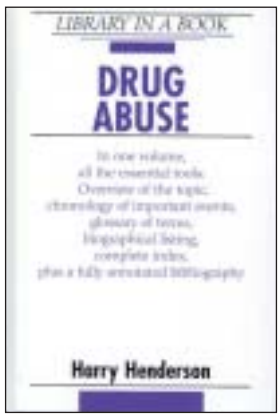
The book is in three parts. The introductory chapter in Part I outlines the different types of drugs, how they are used, how they work and why they can be addictive. It also covers drug regulation, approaches to treating addiction and the way drug abuse has shaped public policy. Chapter 2 gives the history of drug regulation under state and federal laws and international agreements and presents a selection of court cases (mainly from the US Supreme Court) that deal specifically with drug laws. Further chapters in Part 1 outline the chronology of drug use from 5000 BC to the present and give short biographical sketches of individuals who have played important roles on either side of the drug war. Part II is titled 'A guide to further research' and contains chapters on how to research drug abuse issues, an annotated bibliography, and a listing of US government and private organisations involved in the drugs area. Part III comprises five appendices: Acronyms, Street names, Statistics on abuse and enforcement, Scheduling of drugs under the Controlled Substances Act 1970, and the text of the Supreme Court decision in 2001 in an appeal case concerning medicinal marijuana.

Altering American consciousness: the history of alcohol and drug use in the United States, 1800–2000

Tracy SW and Acker CJ (eds) *University of Massachusetts Press* 2004
ISBN 1 55849 425 1

The introduction to this volume of essays makes the claim that virtually every American alive has at some point consumed one, and very likely more than one, consciousness-altering drug, and that psychoactive substances have always been an integral part of American life. While the use of drugs is a constant in American history, the way they have been perceived has varied extensively. Just as attitudes to tobacco have changed – cigarettes were seen as 'coffin nails' of the early twenties, became the glamorous accessory of Hollywood stars in the 1940s, and have latterly fallen into disfavour as a health risk – so the social significance of every drug changes over time.

The contributions to this collection explore these changes, showing how the identity of any psychoactive substance – from alcohol and nicotine to cocaine and heroin – owes as much to its users, their patterns of use, and the cultural context in which the drug is taken as it does to the drug's documented physiological effects. Rather than looking at drugs in the mutually exclusive categories of licit and illicit drugs, recreational and medicinal drugs or 'hard' and 'soft drugs, the contributors challenge readers to consider the ways in which drugs have shifted historically from one category to another. The book is in three parts: Framing addiction and alcoholism; Alcohol and narcotics in the American context; and Psychotropics, psychedelics and cigarettes. The essay topics include: the rhetoric of addiction; the rhetoric of drug reform; alcohol consumption among Native Americans; the dynamics of opiate addiction in the early twentieth century; the depression era; post World War II; and a critique of 1950s psychedelic drug research.

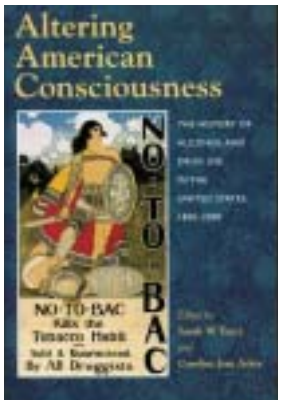


Journal articles

Smoking and drinking among 15-16 year old girls: do male peers have an influence?

Curtin M
Irish Journal of Medical Science 2004; 173(4): 191–192

This paper compares the influence of peer relationships among females in mixed-sex schools versus single-sex schools on cigarette and alcohol consumption.A cross sectional study was carried out in four schools. The information was collected by means of a questionnaire. Two hundred and forty-eight questionnaires were completed. Of those questioned in single-sex schools, 34% had smoked a cigarette, compared with 61% in mixed-sex schools ($p<0.005$). The lifetime prevalence of alcohol consumption in mixed schools was 88% compared with 73% in single-sex schools ($p<0.005$). This study suggests that females in mixed-sex schools have a tendency to have earlier exposure to smoking and alcohol consumption than girls of the same age in single-sex schools.



Prisoners' views of injecting drug use and harm reduction in Irish prisons

Long J, Allwright S and Begley C
International Journal of Drug Policy 2004; 15(2):139–149

Drug misuse and hepatitis C are known to be endemic in Irish prisons. Using a grounded theory approach, this qualitative study sought to examine prisoners' views of drug injecting practices and harm reduction interventions in Dublin prisons. Thirty-one male prisoners were interviewed (16 injecting drug users and 15 non-injectors). Two themes relevant to drug use practices emerged.

Recent publications *(continued)*

Respondents described increased health risks related to injecting drug use during detention and associated with a prison environment. These included: the low availability of heroin, which encouraged a shift from smoking to injecting; the scarcity of injecting equipment, which fostered sharing networks far wider than those outside prison; inadequate injecting equipment-cleaning practices; and the rent of needles and syringes in exchange for the drugs. Both non-injectors and injectors interviewed supported harm reduction interventions in prison and felt that the range of drug services available in prison should mirror those currently available in the community, although half opposed or had reservations about syringe exchange in prison. Prisoners' viewed their time in prison as an opportunity to address substance misuse related problems; health professionals should not miss this opportunity.

Irish injecting drug users and hepatitis C: the importance of the social context of injecting

Smyth BP, Barry J and Keenan E
International Journal of Epidemiology 2005; 34(1):166–72

The incidence of hepatitis C (HCV) infection among injecting drug users (IDUs) in Dublin is particularly high by international standards. The most robust predictor of an IDU's HCV status is his or her total number of lifetime injecting episodes. It has been proposed that participation in specific unsafe injecting practices is the principal contributor to this accumulated risk. We sought to test this hypothesis. The relationship between social context of injecting and HCV status was also examined. We conducted a cross-sectional survey of IDUs recruited from treatment settings in Dublin. Participants had injected in the preceding six months and had not previously been tested for HCV. A structured interview was conducted. HCV testing was performed on 159 IDUs, and 61% were antibody positive. The three characteristics that were significant independent predictors of a positive test result were: increased total number of lifetime injecting episodes, closer social relationships with other IDUs, and injecting in the home of other IDUs. Frequency of recipient syringe sharing (i.e. borrowing used syringes from other IDUs), backloading, and sharing of injecting paraphernalia were not independently associated with infection. We found that the robust association between HCV infection and number of lifetime injecting episodes was not explained by increased unsafe injecting practices. The socialized nature of heroin injecting in Dublin is contributing to the HCV epidemic in this population. Our findings suggest that accidental and unnoticed sharing of injecting equipment may be an important contributor to an IDU's increasing risk of infection over time.

Hepatitis C viral clearance in an intravenous drug-using cohort in the Dublin area

Keating S, Coughlan S, Connell J, Sweeney B and Keenan E
Irish Journal of Medical Science 2005; 174(1):37–41

The rate of spontaneous HCV viral clearance is reported as 20—25% but recent data indicate a higher frequency in some cohorts. The rate of spontaneous clearance in intravenous drug users has not been reported in an Irish setting. The aim of this study was to determine the rate of spontaneous hepatitis C viral clearance and genotype in an Irish intravenous drug-using cohort. Drug users attending five drug treatment clinics in the Dublin area were investigated. Data were prospectively recorded from January 1997 to June 2001 and follow-up testing completed in 2003. There were 496 HCV antibody-positive patients identified and assessed for HCV RNA clearance. All were HIV and hepatitis B negative, 68.8% were male.

HCV RNA negativity (viral clearance) was documented in 38% of patients. Viral clearance was 47.4% in females and 34.5% in males (p = 000.6). Clearance was independent of age or duration of intravenous drug use. Viral clearance, defined as two negative consecutive HCV RNA tests, a minimum of one year apart, was sustained in 82.2% at two-year follow-up, giving an overall viral clearance of 31.1%. HCV genotype 1 and 3 were most commonly identified at 48.8% and 48.5% respectively in those with chronic infection. The study concluded that spontaneous HCV viral clearance occurs at a higher frequency than previously reported. Genotype 1 and 3 are commonest in the patient cohort.

Adolescent substance abuse among young people excluded from school in Belfast

McCrystal P, Higgins K, Percy and Thornton M
Drugs: Education, Prevention & Policy 2005; 12(2):101–112

The lifestyles of young people excluded from school have received much attention recently, particularly in relation to illicit drug use. Commentators have acknowledged that they constitute a high-risk group to social disaffection and substance abuse. This paper reports on a group of 48 young people living in Belfast aged 13–14 years who are considered to be at a particularly high risk to substance abuse because they are excluded from school. The evidence in this paper suggests that many are already exhibiting potentially high-risk behaviours to problem drug use compared with their contemporaries in mainstream education. This paper examines the evidence within the context of a limited existing literature base on this group of young people. It suggests that a more focused approach is required for the development of

Recent publications *(continued)*

appropriate drug-prevention strategies to meet their needs.

Patterns of alcohol consumption in a Northern Irish sample
McKinney A and Coyle K
Substance Use & Misuse 2005; 40(4):573–579

This paper examines the drinking habits of a Northern Irish sample during a six-month period in 1998. In addition the study examines the influence of contextual variables on the quantity and frequency of alcohol consumption. Questionnaires were administered to 600 participants; the response rate was 39.8% (239). An unexpected low abstinence rate was observed; however, this may be due to response bias. The results revealed high frequency (29.7% drink on four or more days a week) and high quantity of alcohol consumption (mean units per week 43.21, SD 40.33). Beer drinkers consumed the largest quantity of alcohol and also had the highest frequency of alcohol consumption. It was observed that 45.8% of all drinking events took place in a public bar and the popularity of the public bar for alcohol consumption was not influenced by age or gender. The present investigation revealed that almost half (45%) of individuals consume more than one type of beverage at one sitting, and there is a trend of consuming alcohol in more than one place during a single drinking session. These results indicate a distinctive drinking pattern within Northern Ireland and have implications for studies investigating the effects of alcohol on the social drinker.

Upcoming events

June

23 June 2005
Employee Drug Testing: Complying with the Proposed Safety, Health and Welfare at Work Bill 2004
Venue: Hodson Bay Hotel, Athlone, Co Meath
Organised by / Contact: Caroline Cahill, EAP Institute, 143 Barrack Street, Waterford
Tel: +353 (0) 51 855733
Fax: +353 (0) 51 879626
Email: eapinstitute@eircom.net

29 June 2005
Sentenced to Treatment – Meeting the Needs of Drug Using Offenders
Venue: Hamilton House, London
Organised by / Contact: Sunita Patel (Events Organiser), Centre for Crime and Justice Studies
Tel: +44 (0) 207 848 1688
Email: sunita.patel@kcl.ac.uk
www.kcl.ac.uk/depsta/rel/ccjs

Information: A one-day conference in London, looking at the recent developments in terms of drug treatment provisions in the criminal justice system. This practice-focused event aims to highlight for drug treatment agencies and practitioners the implications of the increase in referrals coming through the criminal justice route.

30 June 2005
Residential Drug Services: Where do they fit on the Treatment Map?
Venue: Shaftesbury House, 5 Waterloo Street, Glasgow
Organised by / Contact: Lyn Stirling, Scottish Drugs Forum
Tel: +44 (0) 141 221 1175
Email: Lyn@sdf.org.uk
www.sdf.org.uk

Information: This one-day event will look at residential services in Scotland, examining their current role in treatment and considering how their contribution to addressing drug use in Scotland might be optimised. Speakers include Nicolas Heller, Basel, Switzerland; Dr Stefan Janikiewicz, of Wirral Drug Service in Cheshire; Dawn Griesbach, Substance Misuse Division, Scottish Executive; Valerie Corbett, Aberlour Childcare Trust; and Penny Halliday, Scottish Network of Families Affected by Drugs.

July

7–8 July 2005
Criminal Justice and Drugs
Venue: Ashford International Hotel, Ashford, Kent
Organised by / Contact: Pavilion
Tel: +44 (0) 870 161 3505
www.pavpub.com

Information: The development of the Drug Interventions Programme (DIP), the merging of probation in prisons into the National Offender Management Service (NOMS) and new teams being created will all put increasing pressure on the multi-agency approach to drug-related offences in the context of implementation of the 2003 Criminal Justice Act. This groundbreaking national conference will provide an opportunity to reflect on the implications of the changes on offer and provide practical solutions of innovation. In particular a major theme will be to consider how such practices are developed in other European countries and what we might take from their expertise.

Upcoming events *(continued)*

7–9 July 2005

8th European Conference on Drugs and Infections in Prison. Unlocking Potential – Making Prisons Safe for Everyone

Venue: Corinthia Grand Hotel Royal, Budapest, Hungary

Organised by / Contact: Cranstoun Drug Services, European Network on Drug and Infections Prevention in Prison (ENDIPP) and others. Contact Salma Master, Cranstoun Drug Services
Tel: +44 (0) 208 5438333
Fax: +44 (0) 208 5434348
Email: smaster@cranstoun.org.uk

Information: This year's event will cover a range of topics, including: though-care and after care; multi-agency working in practice; and harm reduction. The main focus will concern work directly within prisons, however previous events have demonstrated that having contributions from those involved in the criminal justice process and health services outside of prisons gives a more balanced perspective in considering prisons as part of the communities they serve, able to impact on these communities in a positive way. The conference will continue this approach, with the range of contributors reflecting the broadest possible constituency.

September

19-21 September 2005

International Symposium on Substance Abuse Treatment. Transatlantic Forum on Drug and Alcohol Problems

Venue: Floréal Club Congress Centre, Belgium

Organised by / Contact: This event is a joint organisation of the Department of Orthopedagogics (Ghent University, Belgium) and the Ohio Institute for Addiction Studies (Ohio, US) in close collaboration with the Scottish Addiction Studies Group (Department of Applied Social Sciences, University of Stirling, Scotland), the European Working Group on Drug Oriented Research (EWODOR), the European Federation of Therapeutic Communities (EFTC) and the Association for Alcohol and other Drug Problems (VAD, Belgium). Contact Kathy Colpaert
Tel: +32 9 264 64 76
Fax: +32 9 264 64 91
Email: Kathy.Colpaert@UGent.be

Information: The objectives of this year's symposium are to exchange expertise and to foster the relationships between European and North American professionals, researchers and policy makers in the field of substance abuse treatment, specifically in three areas:

- National and international policies on drug and alcohol problems
- Treatment and prevention approaches to drug and alcohol abuse
- Alcohol, drugs and the law

October

23–28 October

48th ICAA Conference on Dependencies

Venue: Corinthia Grand Hotel Royal, Budapest, Hungary

Organised by / Contact: International Council on Alcohol and Addictions
Tel: + 36 70 452 0022
Email: budapestoffice@icaa.hu
www.icaa.ch

Information: At this year's conference, entitled 'Science, Politics and Practitioners', delegates will hear from leading figures in the field from across the globe. Topics include: policy evaluation; substance use and addictive behaviour in the lifecycle; service quality; implementation of multi-pillar policies; the economic realities, political priorities and the future of services.

The Drug Misuse Research Division (DMRD) of the Health Research Board is a multi-disciplinary team of researchers and information specialists who provide objective, reliable and comparable information on the drug situation, its consequence and responses in Ireland. The DMRD maintains two national drug-related surveillance systems and is the national focal point for the European Monitoring Centre for Drugs and Drug Addiction. The Division also manages the National Documentation Centre on Drug Use. The DMRD disseminates research findings, information and news through its quarterly newsletter, *Drugnet Ireland,* and other publications. Through its activities, the DMRD aims to inform policy and practice in relation to drug use.

***Drugnet Ireland* mailing list**

If you wish to have your name included on the mailing list for future issues of *Drugnet Ireland,* please send your contact details to the Administrative Assistant, Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: 01 676 1176 Ext 127; Email: dmrd@hrb.ie

Please indicate if you would also like to be included in the mailing list for *Drugnet Europe* and *Drugs in focus*

The documents referred to in this issue of *Drugnet Ireland* are available in the National Documentation Centre on Drug Use at the above address. Tel: 676 1176 Ext 175; Email ndc@hrb.ie